



County of Lincoln — Parts of Kesteven

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# ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER  
OF HEALTH


for the Year

1957

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J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D.,  
D.P.H., D.T.M. & H., F.R.S.H.

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# COUNTY OF LINCOLN—PARTS OF KESTEVEN

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## HEALTH COMMITTEE

(Constitution as at 31st December, 1957)

*Chairman:*

Alderman H. DEER

*Vice-Chairman:*

Alderman Mrs. D. SCHWIND, M.B.E.

### Aldermen

C. W. BARRAND

Capt. H. W. N. FANE, D.L.  
(*ex-officio*).

C. H. FENELEY

G. W. HUTSON

F. J. JENKINSON, O.B.E.  
(*ex-officio*)

J. W. MILNER

W. E. YOUNG

### Councillors

A. E. BELLAMY

W. BEYAN

Mrs. G. M. BOYFIELD

Mrs. A. S. CHANTRY

G. DALE

G. A. F. HOLLOWAY

H. E. HOUGH

H. L. HUDSON

K. H. JENNINGS

S. P. KING

R. B. NAYLOR

P. NEWTON

J. W. OXBY

Mrs. N. ROBSON

REV. L. R. SWINGLER

J. H. W. TAYLOR

C. S. ULLYATT

G. E. WALTHAM

A. T. WEST

### CO-OPTED MEMBERS:

Mrs. A. FANCOURT

Mr. J. E. SNELL

The Hon. Mrs. D. N.

TROLLOPE-BELLEW

*Representing Kesteven Local Medical and Panel Committee:*

R. G. NETHERY, M.R.C.S., L.R.C.P.

*Representing Kesteven Local Dental Committee:*

H. J. MILLER, L.D.S.

## PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

*County Medical Officer of Health:*

*Principal School Medical Officer:*

*Medical Officer for Maternity and Child Welfare and Medical Supervisor of Midwives:*

*Medical Officer for Mental Health Services:*

J. H. CHALMERS CLARKE, M.A., M.B., Ch.B., M.D., D.P.H.,  
D.T.M. & H., F.R.S.H.

*Deputy County Medical Officer of Health, Deputy Principal School Medical Officer and Deputy Medical Officer for Maternity and Child Welfare and Mental Health:*

T. J. O'SULLIVAN, M.A., M.B., B.Ch., B.A.O., M.D., D.P.H.,  
L.M.

*Assistant County Medical Officers, School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (Part-time):*

C. W. SHEARER, M.B., Ch.B., D.P.H.

H. ELLIS-SMITH, M.B., B.Ch., B.A.O., D.P.H.

W. PARKER HARRISON, M.R.C.S., L.R.C.P.

E. A. WHITELEY, M.B., Ch.B.

*Consultant Chest Physicians:*

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G. B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.H.Bs.)

### Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards:—

*Orthopaedic Surgeons:*

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

*Ophthalmic Surgeons:*

G. M. BARLING, M.B., Ch.B., D.O.M.S.

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

W. A. BRIGGS, M.B., B.Ch., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

*Consulting Physician for Rheumatism and Heart Diseases:*

J. W. BROWN, M.D., F.R.C.P.

*Ear, Nose and Throat Surgeons:*

G. W. MOREY, M.B., B.S., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

*Dermatologists:*

D. I. McCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

*Senior Dental Surgeon:*

H. MOOR, L.D.S. (resigned 30.9.57)

*Dental Surgeons:*

C. H. EDNEY, L.D.S., R.C.S.

2 whole-time vacancies

*Public Analyst (Part-time):*

W. W. TAYLOR, B.Sc., F.I.C.

*County Nursing Superintendent:**Non-Medical Supervisor of Midwives:*

MISS M. HUGHES, S.R.N., S.C.M., H.V.Cert.

*Assistant County Nursing Superintendents:*

Miss P. M. PARKER, S.R.N., S.C.M., H.V.Cert.

Miss L. DICK, S.R.N., S.C.M., H.V.Cert.

*County Health Visitors:*

Miss M. BRAY, S.R.N.

Miss O. A. BROOKS, S.R.N., S.C.M., H.V.Cert.

Miss A. N. CHEESEMAN, S.R.N., S.C.M., H.V.Cert.

Mrs. F. H. COCK, S.R.N., S.C.M., H.V.Cert.

Miss M. A. HETHERINGTON, S.R.N., S.C.M., H.V.Cert.

Mrs. E. HOLLAND, S.R.N., S.C.M., H.V.Cert.

Miss E. M. JONES, S.R.N., S.C.M.

Miss E. M. WOOD, S.R.N., S.C.M., H.V.Cert.

Also 23 District Nurse-Midwives act as part-time Health Visitors

*Physiotherapists:*

Miss E. A. PECK, S.R.N., M.C.S.P.

Miss S. G. HARDY, M.C.S.P.

*Speech Therapist:*

Miss J. RAPER, L.C.S.T.

*County Health Inspector:*

J. F. LOFTHOUSE, M.A.P.H.I.

*Home Help Organiser:*

Mrs. D. JONES (commenced 3.6.57)

*Matron, St. Catherine's Road Day Nursery, Grantham:*

Mrs. M. E. HIBBERD, S.R.F.N.

*Non-Medical Staff—Mental Health Services:*W. E. VICKERS, M.B.E. (*Chief Authorised Officer*)J. W. ALLPRESS, (*Asst. Chief Authorised Officer*)

W. HOLMES, Authorised Officer—North Kesteven District

N. A. CLARKE, Authorised Officer—East Kesteven District

R. B. BENTLEY, Authorised Officer—South Kesteven District

L. A. HOLMES, Authorised Officer—West Kesteven District.

J. I. WALLACE, Authorised Officer—West Kesteven District

W. A. PERKINS, Authorised Officer at Headquarters

Miss W. PICKERING, Handicraft Teacher and Gen. Assistant

*Chief Clerk:*

W. S. DENCH

*Assistant Chief Clerk:*

A. COLLEY

*Ambulance Officer:*

H. SANDS

**District Medical Officers of Health and Public Health Inspectors**

<i>District</i>	<i>Medical Officer of Health (a) part-time appointments)</i>	<i>Public Health Inspectors</i>
Borough of Grantham	C. W. Shearer, M.B., Ch.B., D.P.H.	C. Taylor, M.A.P.H.I.
Borough of Stamford	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. J. Roll, A.R.S.H., Cert. S.L.B.
Urban District of Sleaford	J. W. Scholey, M.B., Ch.B.	T. E. Dagwell, M.R.S.H., M.A.P.H.I.
Urban District of Bourne	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. W. Brewer, M.R.S.H.
Rural District of North Kesteven	W. Sharrard, M.B., Ch.B.	J. Freeman, M.L.Mun.E., M.R.S.H., M.A.P.H.I.
Rural District of East Kesteven	J. W. Scholey, M.B., Ch.B.	J. A. Saville, M.A.P.H.I., M.R.L.P.H.H.
Rural District of South Kesteven	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	W. A. Chivers, M.R.S.H., M.A.P.H.I.
Rural District of West Kesteven	C. W. Shearer, M.B., Ch.B., D.P.H.	J. Dean, M.R.S.H., F.F.S. (Eng.)



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## FOREWORD

THIS Annual Report contains information as to population, vital statistics, social circumstances and the various health services of the County of Kesteven; being a statutory document it contains material required by the Central Government Departments, and it is at the same time a comprehensive review of the work of the County Health Department.

The vital statistics of the County again reveal a most satisfactory state of affairs: the principal rates with a comparison for England and Wales, stated in brackets, are as follows:— Nett Live Birth rate per 1,000 of estimated population 16.53 (E. & W. 16.1), Nett Death Rate 10.84 (E. & W. 11.5), Maternal Mortality Nil (E. & W. 0.47), Infant Mortality 20.55 (E. & W. 23.0).

It is satisfactory to be able to record very low mortality from Respiratory and Non-Pulmonary Tuberculosis. The comparative figures of notifications of new cases and of deaths and death rates are given in the section relating to tuberculosis, and show that the incidence of the disease is rapidly declining. Formerly known as the white man's scourge, tuberculosis, which exhibits many serious clinical manifestations and takes many forms, now appears to be "on the way out". In consequence, as will be noted in this report, the demand for sanatorium and hospital beds as well as for home helps for tuberculosis cases is diminishing. A parallel improvement is also to be seen in the improving state of health of milk herds and in the reduced amount of tuberculous diseased meat found in abattoirs in the County. These facts augur well for the "Tuberculosis in Cattle—Area Eradication Plan" under which it is believed that by the end of 1960 the whole of the cattle in England, Scotland and Wales will be attested. The percentage of attested cattle in Kesteven on 31st December 1957 was 40% (Lindsey 31% and Holland 18%). The importance of this Eradication Plan from the point of view of Public Health lies in the fact that Tuberculosis in Cattle has been a main source of bovine tuberculosis in human beings, so that by eradicating T.B. in cattle an important source of human infection will disappear.

The Report also deals with developments in the Poliomyelitis Vaccination Scheme, and the reorganisation of the Ambulance Service which was found to be necessary consequent upon the

County Council's decision to adopt V.H.F. Radio Telephony in this Service.

The Council's Domestic Help Service continued to operate to full capacity: it is undoubtedly meeting a much felt need in the County, and is a major factor in enabling many elderly and infirm people to remain at home instead of having to be institutionalised or admitted to hospital. In either case the nett result is a substantial saving to the rates or Exchequer or both. At the same time the cost of this Service has become a major item in the budget of the department, and the appointment of a whole-time, instead of a part-time organiser, will be an advantage in keeping this aspect of the Service under constant review.

With regard to the Mental Health Services, it will be noted that no less than 10 mental defectives were considered to be in urgent need of institutional care at the end of 1957. The waiting list for such cases has seldom been less than this throughout the year, and has given the Health Committee cause for concern; representations have been made to the Sheffield Regional Hospital Board and others officially concerned, but it does not appear the problem can be solved owing to the shortage of places for Mental Defectives in Regional Hospital Board Institutions.

It will be noted that progress continued to be made in the provision of housing, water and sewerage schemes in the County.

I should like to express my thanks to the members of the Health Committee for their interest and support in the carrying out of the work of my Department during 1957, also to all members of the staff for the efficient and zealous manner in which they have performed their duties.

**J. H. CHALMERS CLARKE, M.D.,**

County Medical Officer of Health.

Public Health Department,  
County Offices, SLEAFORD.

## STATISTICS AND SOCIAL CONDITIONS

### General Statistics

Area of Administrative County (in acres)	...	...	463,490
Population:			
Census 1921	...	...	108,237
,, 1931	...	...	110,360
,, 1951	...	...	130,717
Registrar General's estimate, 1957	...	...	133,400
Number of inhabited houses (Census 1921)	...	...	25,456
,, " " (Census 1931)	...	...	27,590
,, " " (Census 1951)	...	...	35,080
Number of families or separate occupiers (1921)	...	...	25,823
,, " " (1931)	...	...	27,845
,, " " (1951)	...	...	35,662
Rateable Value (1st April, 1957)	...	...	£1,215,360
Estimated product of a penny rate, 1957-58	...	...	£4,581

### Extracts from Vital Statistics for the Year 1957.

*NOTE:* Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.03 and 0.92 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births:	Males	Females	Totals
Total	1,139	1,002	2,141
Legitimate	1,086	968	2,054
Illegitimate	53	34	87
Crude Live Birth Rate per 1,000 of estimated population			16.05
Nett Live Birth Rate per 1,000 of estimated population			16.53
Rate for England and Wales	...	...	16.1

Stillbirths:	Males	Females	Totals
Total	25	25	50
Legitimate	25	15	40
Illegitimate	3	—	3
Stillbirth Rate per 1,000 total (Live and Still) births			22.82
Rate for England and Wales	...	...	22.4

	Males	Females	Total
Deaths	824	747	1,571
Crude Death Rate per 1,000 of estimated population			11.78
Nett Death Rate 10.84. Rate for England and Wales			11.5

**Maternal Mortality** (i.e. Deaths due to Pregnancy, Childbirth or abortion).

No. of deaths	...	...	...	...	...	—
Rate per 1,000 total births (i.e. live and still)	...	...	...	...	...	0.00
Rate for England and Wales	...	...	...	...	...	0.47

**Infant Mortality** (i.e. Deaths of Infants under the age of one year).

	Males		Females	Totals
No. of Deaths	...	28	16	44
Legitimate	...	25	15	40
Illegitimate	...	3	1	4
			Kesteven	England and Wales
All Infants:				
Rate per 1,000 live births	...	20.55		23.0
Legitimate Infants:				
Rate per 1,000 legitimate live births	...	...	19.47	—
Illegitimate Infants:				
Rate per 1,000 illegitimate live births	...	...	46.00	—

Of the total infant deaths 34 (or 77%) occurred among children under four weeks of age.

**Births:**

The Live Birth Rate of 16.05 per thousand of the estimated population was lower by 0.07 than that of the previous year. The number of live births belonging to the Administrative County was 2,141 (1,139 males and 1,002 females)—compared with 2,128 (1,099 males and 1,029 females) in 1956.

The 87 illegitimate live births—representing 4.1 per cent. of the total—showed a decrease of 0.4 on the figure for the previous year, when there were 96 (4.5 per cent. of the total) such births.

The number of Stillbirths (50) was slightly lower than last year and the Stillbirth Rate (22.8) was slightly lower than the average for the previous ten years.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1940, is of interest:—

Year	LIVE BIRTHS			STILLBIRTHS		
	Legitimate	Illegitimate	Total	* Rate per 1,000 pop.)	No.	* Rate per 1,000 total births)
1940	1,665	88	1,753	15.91	58	32.0
1941	1,749	110	1,859	16.39	62	32.3
1942	1,927	165	2,092	18.47	66	30.6
1943	1,967	162	2,129	18.53	60	27.4
1944	2,045	200	2,245	19.75	64	27.7
1945	1,939	267	2,206	19.97	68	29.9
1946	2,094	176	2,270	20.06	65	27.8
1947	2,306	156	2,462	21.37	62	24.6
1948	2,130	168	2,298	19.20	67	19.8
1949	2,102	129	2,231	18.45	39	17.2
1950	2,058	121	2,179	16.78	48	21.5
1951	2,073	98	2,171	16.36	42	19.0
1952	1,993	102	2,095	15.56	52	24.2
1953	2,044	101	2,145	16.16	54	24.6
1954	1,990	107	2,097	16.16	51	23.7
1955	1,949	92	2,041	15.70	53	25.3
1956	2,032	96	2,128	16.12	54	24.7
1957	2,054	87	2,141	16.05	50	22.8

\*In calculating these rates for the years 1940-49 *Civilian* population figures were used while since then the *Total* population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications, was 2,106 live births and 46 stillbirths.

Details of births in each of the 8 County Districts will be found in Table 1, on page 51

### Deaths:

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

*Chief Causes of Death.*—The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year:—

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Diseases ... ..	356	2.67
Vascular lesions of Nervous System	196	1.47
Coronary Disease, Angina ... ..	192	1.44
Other defined and ill defined Diseases	139	1.04
Other Malignant and Lymphatic Neoplasms ... ..	127	0.95

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Pneumonia ... ..	82	0.61
Other Circulatory Disease ... ..	73	0.55
Bronchitis ... ..	50	0.37
Accidents (other than motor vehicle)	38	0.28
Malignant Neoplasm, stomach ...	32	0.24
Hypertension with Heart Disease ...	31	0.23
Influenza ... ..	30	0.22
Malignant Neoplasm, Lung Bronchus	29	0.22
Malignant Neoplasm, breast ...	28	0.21
Motor Vehicle accidents ... ..	23	0.17

The Crude Death Rate from all causes for the County was 11.78 per thousand of the estimated population, while the Net Rate was 10.84 compared with 11.36 the previous year. The number of deaths, which now include those of members of the armed forces stationed in the area was 1,571 (824 males and 747 females); the figures for 1956 were 1,630 (835 and 795 respectively). The proportion of deaths over 65 years of age was 71.2 per cent. in the year under review, as compared with 72.5 per cent. in 1956, 70.2 per cent. in 1955, 70.3 per cent. in 1954 and 71.0 per cent. in 1953.

There were 44 deaths of infants under one year, representing an Infant Mortality Rate of 20.5 per thousand live births.

There were no deaths from maternal causes during 1957, giving a mortality rate of 0.00 per thousand total births compared with 0.56 for the Country as a whole.

Deaths from Respiratory Tuberculosis were down to 11, giving a rate of 0.08 deaths per thousand of the estimated population, the same as the record low rate of last year.

The following Table shows the number of deaths and rates during the past 15 years:—

Year	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Puerperal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1943	1,408	12.26	90	42.27	6	2.74
1944	1,298	11.42	100	44.54	0	0.00
1945	1,320	11.95	89	40.34	8	3.52
1946	1,352	11.95	90	39.65	2	0.86
1947	1,318	11.87	82	33.31	3	1.19
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	83	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45
1952	1,325	9.84	74	35.32	3	1.39
1953	1,534	11.56	79	36.80	0	0.00
1954	1,551	11.95	51	24.32	1	0.46
1955	1,607	12.36	53	25.97	0	0.00
1956	1,630	12.35	60	28.19	1	0.46
1957	1,571	11.78	44	20.55	0	0.00



\*For the years 1938/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950/57 returns and the Total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1957 numbered 579. Reference to the Chief Causes of Death shows that this remains the principal cause. The death rate per 1,000 of the estimated population at 4.3 was .4 lower than in 1956. The following is a statement of fatalities from Heart Disease during the years 1940-1957.

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage to total Deaths from all causes
1940	361	3.28	22.8
1941	297	2.62	21.1
1942	302	2.67	22.3
1943	309	2.69	21.9
1944	316	2.78	24.3
1945	362	3.28	27.1
1946	350	3.09	25.8
1947	391	3.39	28.5
1948	387	3.23	29.3
1949	441	3.65	30.9
1950	451	3.17	31.0
1951	486	3.67	33.9
1952	423	3.11	31.9
1953	510	3.84	33.2
1954	592	4.56	38.2
1955	571	4.41	35.7
1956	621	4.70	38.1
1957	579	4.34	36.8

Further information regarding the causes of death, etc., will be found on page 52 and in Table III (inset).

## CARE OF MOTHERS AND YOUNG CHILDREN

### Infant Welfare Centres:

Forty-two centres, including two weighing centres, were maintained by the County Council at the end of the year. No new centres were opened during the year.

The following figures are extracted from the records of attendances, full details of which appear in Table IV on page 53 of this Report.

Total attendances:—

Children under 1 year	...	...	15,538	
Over 1 but under 2 years	...	...	5,082	
Over 2 years	...	...	6,110	26,730

Number of individual children who attended:—

Born in 1957	...	...	1,128	
„ „ 1956	...	...	1,185	
„ „ 1952-1955	...	...	1,642	3,955



Number of children under 1 year who attended for the first time	1,346
Number of consultations with medical staff	6,282
Number of weighings undertaken	25,068

Comparative figures for the last five years are given below :

Year	Individual children who attended L.W.C's.	Total Attendances	Consultations with M.O.
1953	3,064	23,454	6,710
1954	3,046	24,652	6,659
1955	3,734	25,741	5,853
1956	3,891	25,299	5,861
1957	3,955	26,739	6,282

#### Birth Control:

Although there are no birth control clinics in Kesteven there are a number within convenient reach of the area. They are situated at Lincoln, Boston and Peterborough and are run by the Family Planning Association with the support of the local health authorities concerned. The majority of Kesteven cases attend the Line In Clinic which receives a small annual grant from the County Council to assist when cases from the area are referred for advice on medical grounds.

#### Consultant Services:

The specialist service arrangements were as outlined in my earlier Reports. Brief details of the services available, together with particulars of the pre-school children seen under these arrangements, are given below.

#### Ophthalmic:

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed	
	New Cases	Re-inspections	New Cases	Re-inspections	New Cases	Re-inspections
Grantham	22	15	7	—	8	3
Stamford	8	8	—	—	4	2
Sleaford	22	22	—	—	13	9
Bourne	3	2	—	—	1	2
Lincoln	16	15	—	—	10	5
TOTALS	72	62	7	—	36	21

All the clinics referred to above, with the exception of that at Lincoln, are held at County Council premises. The clinic at Lincoln to which cases from the north of the County are referred, is a special clinic for children and is held at the County Hospital.

#### Orthopaedic:

Specialist clinics continued to be held at the Authority's premises at Grantham and Sleaford and 125 pre-school children

(including 69 new cases) were seen by the Surgeons in attendance, who held 270 consultations. In addition 13 cases were referred to orthopaedic out-patient departments at local hospitals. Regular treatment sessions for massage, remedial exercises, ultra violet light, etc., were held at the County Council's clinics at Grantham, Sleaford, Stamford and Bourne by the Council's physiotherapy staff who dealt with 65 pre-school children; these children made 1,194 attendances.

#### *Ear, Nose and Throat:*

Fifteen children of pre-school age were seen as new cases by Mr. G. W. Morey at the Grantham and Sleaford clinics and 3 children attended who had been examined previously. Fourteen children were found to need operative treatment for enlarged tonsils and/or adenoids.

#### *Rheumatism and Heart:*

Two pre-school children were examined as new cases by Dr. J. W. Brown at the County Council's Cardiological Clinics and 7 children attended for re-examination.

#### *Paediatric:*

Four children of pre-school age were referred to a Paediatrician at a local hospital on account of:— Slow development (2), feeding problem (1), anaemia (1).

#### *Dermatology:*

Two children of pre-school age were referred to a Dermatologist at a local hospital for advice and/or treatment for skin conditions.

#### *Speech Therapy:*

Fifteen pre-school children were referred to the County Council's Speech Therapist who holds clinics at Grantham, Sleaford, Stamford, Bourne and Lincoln.

### **Dental Treatment:**

There was no improvement during the year in the dental staffing position in the County Service and little time could be made available for the examination and treatment of pre-school children and expectant and nursing mothers. Of the staff of two dental officers, Mr. Moor retired in September after a long period of ill health; his successor did not take up duty until the New Year.

Particulars of the few cases dealt with are as follows:—

(a) Numbers provided with dental care:—

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	2	2	2	2
Children under five	21	15	15	1

(b) Forms of dental treatment provided:—

	Sealings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers ...	—	4	—	—	1	—	3	1	—
Children under five	—	3	—	—	12	6	—	—	—

### Institutional Provision for Mothers and Children:

Reports on the circumstances of 332 expectant mothers requiring institutional confinement on social grounds were submitted to the appropriate hospital authorities following home visits by the health visiting staff.

Arrangements were also made for 14 children under 5 years of age to receive hospital in-patient treatment for nose and throat conditions.

### Ante-Natal Care Related to Toxaemia of Pregnancy.

Arrangements were made in 1956 for meetings of professional representatives from the three parts of the National Health Service to discuss issues raised in the Memorandum of Advice from the Standing Maternity and Midwifery Advisory Committee (Ministry of Health Circular 9/56). These meetings were held at Peterborough and Lincoln and as a result the following information was arrived at for the advice and guidance of those concerned:—

#### 1. DISCUSSION ON MEMORANDUM

Any patient showing signs of toxæmia should be considered for admission to hospital.

The criteria should be any one or more of the following signs.

- Development of hypertension, however slight.
- Increase in weight (at a rate greater than 4 lbs. a month).
- Oedema (with or without hypertension).
- Albuminuria.

With regard to the classes of women detailed in the Memorandum on Page 2 under the heading "Personal History" (primiparae over 30 and multiparae under 40), it is not agreed that there should be rigid rules for admission.

It is agreed that these cases require special care and should be regarded individually as priority admissions on the recommendation of their own doctor, if and when they show signs of becoming abnormal. In these special groups of patients the criteria stated above should be interpreted generously.

Mothers having their fourth or more confinement, and those with multiple pregnancies should have their babies in hospital.

## 2. THE PART TO BE PLAYED BY HOSPITAL ANTE-NATAL CLINIC, GENERAL PRACTITIONER, MIDWIFE AND LOCAL AUTHORITY ANTE-NATAL CLINIC IN THE ANTE-NATAL CARE OF:—

### (a) *The patient booked for admission to hospital under a consultant obstetrician.*

The present arrangement, whereby general practitioners may perform ante-natal examinations for hospital booked cases up to the 30th—22nd week, in exceptional cases only, should be extended to include all cases except those which the consultant specially desired to attend his clinics for clinical reasons.

### (b) *The patient booked for admission to a general practitioner hospital unit*

It is recommended that facilities should be available for general practitioners to hold regular ante-natal clinics which could also be used for patients booked for home confinements.

### (c) *The patient booked for home confinement under Maternity Medical Services*

It is felt that there should be greater co-operation between midwife and practitioner. They should undertake ante-natal care jointly, and a weekly clinic, whenever possible, should be held at which the midwife and doctor can see the patient together.

### (d) *The patient booked for home confinement by a midwife*

Whilst it is appreciated that the professional status of the midwife should be maintained, it is considered that complete control of a case of pregnancy by the midwife alone is to be deprecated. The situation would be best dealt with by the provision of ante-natal clinics by medical practitioners at which the family doctor and midwife can see the patient together.

## 3. FOLLOW-UP

The medical officer of health of the local health authority should be asked to provide machinery to ensure a home visit to a patient who fails to attend the ante-natal clinic on the date appointed, irrespective of where she is booked for confinement.

## 4. HOSPITAL TREATMENT

It is re-affirmed that any patient showing signs of toxæmia should be admitted to hospital, and an adequate number of ante-natal beds should be provided.

## 5. BLOOD TESTS

It is imperative that blood tests should be taken in every pregnancy and repeated when necessary.

Facilities for the taking of blood should be available wherever the patient is receiving her ante-natal care.

## 6. INTERCHANGE OF RECORDS

It is recommended that a simple national standard form should be devised for use by all people undertaking ante-natal care, and made to fit into E.C.6. Such a record would act as a letter of reference to hospital, a permanent record of ante-natal attendance on completion of the case, and the discharge letter from hospital in the case of institutional confinement.

## 7. HEALTH EDUCATION

It is agreed that the value of health education cannot be too strongly stressed.

In addition a copy of the Memorandum above referred to was circulated to all maternity units and practising midwives in Kesteven.

## Premature Infants:

During the year under review there were 140 live births assignable to this County of infants notified as weighing  $5\frac{1}{2}$  lb. or less at birth; 121 of these survived at least 28 days.

Twenty-nine were born at home (8 being subsequently transferred to hospitals on or before the 28th day), 108 in hospitals and 3 in private nursing homes.

There were 22 premature still-births, 18 of which took place in hospitals and 4 at home.

The scheme for the care of premature infants continued to operate as outlined in previous Reports.

## Care of Unmarried Mothers:

The number of illegitimate live births assignable to the County in 1957 was 87, representing 4.1 per cent. of the total live births recorded; comparative figures for 1956 were 96 and 4.5 per cent. respectively.

The Council's arrangements for giving assistance to unmarried mothers continued as in previous years, the Lincoln Diocesan Moral Welfare Association for Moral Welfare supplying the Welfare Workers to undertake domiciliary investigations and arranging where necessary for cases to be admitted to suitable Homes. The Association receives an annual grant from the County Council in recognition of the valuable assistance which it gives.

During the year 6 unmarried expectant mothers were admitted to the Association's Maternity Home (The Quarry) at Lincoln and 6 others to similar homes elsewhere.

## Provision of Maternity Outfits:

The number of maternity outfits issued during the year to maternity patients confined at home was 630. These outfits are purchased centrally and supplied to all the Council's domiciliary midwives for free distribution as necessary.

### Day Nursery Provision.

The County Council has only the one day nursery—at St Catherine's Road, Grantham—and this can accommodate 15 children under 2 years and 25 between 2 and 5 years. It continued to operate satisfactorily throughout the year and its average daily attendance rate was the highest for five years.

Details of attendances, etc., are given in the following table:—

	No. of children on register		Average daily attendance		No. of Mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January ...	17	26	10	17	34	2
February ...	15	26	12	19	31	3
March ...	17	31	11	23	33	3
April ...	16	28	10	22	32	3
May ...	15	30	11	20	35	2
June ...	15	28	9	21	33	2
July ...	15	29	12	22	33	3
August ...	14	28	8	12	33	3
September ...	15	25	9	14	34	1
October ...	15	25	10	17	33	1
November ...	15	25	11	19	35	1
December ...	14	27	11	20	35	1
Average for Year	15	27	10	19	33	2

### Nurseries and Child Minders Regulation Act, 1948.

There were no premises or daily minders registered in the County under this Act at the end of the year.

### Welfare Foods Service:

There were two major changes in the provisions of the Welfare Foods scheme during the year—one was the increase as from the 6th April in the cost of National Dried Milk from 10½d. to 2/4d. per 16 oz. tin and the other was the discontinuance with effect from the 1st November of the allowance of Orange Juice to children over two years of age. The first change, not unexpectedly, resulted in a 20% reduced turnover in National Dried Milk compared with the previous year but the second, occurring as it did late in the year, had little effect on Orange Juice sales which had already been at a considerably higher rate than the previous year.

Two centres, Morton and Uffington, were closed down and three new centres were opened at Swinderby, Wilsford and Gelston, making a total of 62 Welfare Food Distribution Centres in Kesteven.

Details of issues of welfare foods during 1956 and 1957 were as follows:—

	National Dried Milk	Cod Liver Oil	Vitamins A & D Tablets	Orange Juice
1956	61,206	13,309	5,512	83,778
1957	49,115	11,605	5,461	91,992

Included in the above figures is a total of 382 tins of National Dried Milk despatched by post during 1957, to those who by reason of ill health, etc., were unable to attend a centre, the postal charges being met by the County Council.

## PREVENTION OF BREAK-UP OF FAMILIES

There is nothing to add to the statement made in my Report for 1955 on this subject. The arrangements described then continued to operate satisfactorily and without any material change.

## MATERNITY AND NURSING HOMES

The one small private nursing home—with accommodation for one maternity case—which was on the County Council's register at the beginning of 1957 continued in operation throughout the year. A further home with accommodation for 15 general cases was registered during the year. Periodic visits of inspection are made by the County Nursing Superintendent in her capacity of inspector of nursing homes.

## HEALTH VISITING

For the first half of 1957 the staff remained at only 8 out of an establishment of 13 whole-time Health Visitors, but one vacancy in the Grantham area was filled in July.

With this limited staff the amount of work undertaken was inevitably restricted to the more essential aspects and visiting made as selective as possible as recommended by the Ministry of Health. Reference to this was made in my 1956 Report.

Later in the year one of the nurse/midwives on the staff was accepted for and began training as a Health Visitor, the cost of this being met by the County Council under their Scheme for such training. It could be mentioned here that the trainee in question successfully completed the six months Course and was subsequently appointed to an area in North Kesteven in 1958.

The following statistics relate to home visiting undertaken by



the Health Visiting Staff during the year under review :

Children under 1 year of age	First visits	2,350	Total visits	9,720
.. .. age 1 and under 2 years.	.. ..	.. ..	.. ..	6,726
.. .. 2 but .. 5 ..	.. ..	.. ..	.. ..	11,771
(No. of children under 5 visited during year = 9,087)				

*Expectant mothers	First visits	191	Total visits	318
Tuberculous households :	.. ..	.. ..	.. ..	769
Other cases (i.e., Care and After-Care, Infectious Disease, etc.)	.. ..	.. ..	.. ..	1,368
				Total home visits— 20,672

\*excluding visits by District Nurse-Midwife Health Visitors.

In addition to the above, the Health Visitors were in attendance at Infant Welfare Centres and Clinics, details of which appear in other sections of the Report.

## MIDWIFERY AND HOME NURSING

### MIDWIFERY:

During 1957 notifications of intention to practise were received from 91 midwives, of whom 70 continued to practise in the County at the end of the year, classified as follows:—

Domiciliary midwives employed by the County Council 44  
(including 1 occasional relief)

Midwives employed by Hospital Management Committees 26

Midwives in private practice .. —

In addition to the above, 2 notices of intention to practise as Maternity Nurses were received.

The following table shows the number of cases attended during the year:—

	Domiciliary Cases		Cases in Institutions		Total	
	As Mid-wives (1)	As Mater'y Nurses (2)	As Mid-wives (3)	As Mater'y Nurses (4)	As Mid-wives (5)	As Mater'y Nurses (6)
(1) Employed by County Council... ..	615	86			615	86
(2) Employed by Hospital Management Cmmtt's			1064	233	1064	233
(3) In private practice ...	—	—	—	—	—	—
Totals ... ..	615	86	1064	233	1679	319



In addition to the cases recorded against Item (1) above, the County Council's midwives attended in their own homes 743 institutional cases who were discharged before the fourteenth day after the confinement.

It will be seen from the above table that of the total of 1,098 confinements, 701 took place at home, and 1,207 (65%) in maternity units. There was again a slight increase in the percentage of cases in the County confined in hospital, a trend which, as illustrated in the following figures, commenced shortly after the coming into operation of the National Health Service Act in 1948 and has continued ever since.

	Domiciliary Cases			Cases in Institutions		
	As Midwives	As Maternity Nurses	Total	As Midwives	As Maternity Nurses	Total
1948	927	506	1433	464	375	839
1949	735	467	1202	700	420	1120
1950	822	291	1113	614	424	1038
1951	784	178	962	786	264	1050
1952	772	170	942	841	146	987
1953	736	130	866	789	315	1104
1954	697	118	815	933	245	1178
1955	638	91	729	955	236	1191
1956	644	79	723	946	360	1306
1957	615	86	701	1064	233	1297

The non-medical and general supervision of midwives is undertaken by the County Nursing Superintendent and her two Assistants, who together made 47 routine inspections and 41 special visits.

The number of cases in which medical aid was summoned by midwives under Section 14(1) of the Midwives Act, 1951, totalled 113—all domiciliary.

Other notifications from midwives were received as follows:—

Stillbirths	21
Laying-out the dead	2
Liability to be source of infection	1
Artificial Feeding	268
Death of Child	6

Of the 701 home confinements 625 babies were wholly breast fed at the fourteenth day. Fifty-six miscarriages were attended against 40 during the previous year. In all 22,586 visits to maternity cases were made by the Council's midwives, 7,107 of which were for ante-natal examination purposes.

#### Administration of Analgesia.

At the end of the year 67 midwives practising in the County

were qualified to administer gas and air. Forty-two of these were members of the County Council's staff, and the remainder were employed by the Hospital Management Committees.

Of the 701 domiciliary confinements in the year, gas and air was administered to 515 cases, i.e. 73 per cent., while Pethidine, an alternative form of analgesia, was given in 274 cases.

"Trilene": (Trichloroethylene B.P.), a further analgesic now approved by the Central Midwives Board for use by midwives, is not in general use by the County Council's staff. It was, however, administered to 16 cases during the year.

### Refresher Courses for Midwives:

In order to comply with the Rules of the Central Midwives Board whereby all practising midwives are required to attend an approved refresher course by 31.12.58 and thereafter every five years if continuing to practise, a further thirteen of the Council's midwives attended courses during 1957. Provisional arrangements were made for the remainder to attend during 1958, i.e. within the prescribed period.

### Training Scheme for Pupil Midwives:

In my Report for 1956, details were given of the arrangements which had been agreed upon whereby pupil midwives undergoing training at The Gables Maternity Hospital, Peterborough, would be able to take their Part II training (i.e. actual practice in domiciliary deliveries under the direct supervision of experienced midwives approved as tutors by the Central Midwives Board) in the areas of adjacent Local Health Authorities. As far as Kesteven was concerned no pupils were received during 1957, but the arrangements still stand and will be put into operation directly pupils become available.

### Home Nursing:

Normally all general home nursing is undertaken by the County Council's nurse-midwives who devote approximately half of their time to home nursing.

Details of the work undertaken during the year are given in the following statement:

Type of Case Visited	No. of Cases	No. of Visits
Medical	1,868	25,259
Surgical	1,021	12,152
Infectious Diseases	32	146
Tuberculosis	29	1,190
Maternal Complications	10	80
Others	5	21
<b>Totals</b>	<b>2,975</b>	<b>49,258</b>

Of the 2,975 cases visited 1,303, or 44 per cent., were 65 years of age or over and 328, or 11 per cent., were under 5 at the time of the first visit during the year.

## GENERAL

### Staff :

The year began with 44 nurse/midwives on the staff and ended with 43, this number being 7 short of full establishment. In addition three general nurses were employed of whom two were part-time.

During 1957 5 nurse/midwives left, 1 transferred to another district and 6 new appointments were made. Two married but remained on the staff and one was approved for and began training as a health visitor.

It is with regret that one has to record the sudden death in September of Nurse Fenton of Billingham.

The transfer mentioned above was to the newly formed nursing district of Swinderby which thereby had its own nurse for the first time.

It will be noted that recourse has had to be made to the employment of two part-time nurses (one in Grantham and the other in Stamford) to relieve the pressure of work caused through the shortage of whole-time staff.

### Housing :

Two more nurses' houses were completed during the year—at Ruskington and Bassingham—and duly occupied. In addition a start was made on building a new house at Stamford where the need for one was particularly pressing.

At the end of the year the County Council owned a total of 16 nurses' houses (of which 12 had been specially built and 4 purchased). The Council also rents 5 houses for the nursing service.

### Transport .

Five new cars were purchased (being allocated to Deeping St. James, Denton, Potterhanworth, Hykeham and Market Deeping) while nine old cars were sold. In connection with the number of old cars sold it is pointed out that not only are cars sold when new ones are purchased, but as and when nurses supply their own cars (a policy which the County Council now regards favourably) a corresponding number of the older cars of the County Council are sold. Thus the total number of cars in the nursing service is maintained as far as possible at a constant figure, due allowance being made, of course, for the time taken to effect sales.

Total cars in the nursing service at the end of the year:

Owued by County Council	37
Cars owned by nurses	14

## VACCINATION AND IMMUNISATION

As far as Diphtheria Immunisation and Vaccination against Smallpox were concerned there were no changes during the year in the Council's scheme under Section 26 of the National Health Service Act as set out in my Annual Reports for 1948 and 1955.

### Vaccination:

A slight increase occurred in the number of children under one year of age who were vaccinated during the year.

The number of persons vaccinated in 1957 was as follows:—

Age at date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
No. vaccinated	508	63	65	72	131	842
No. re-vaccin'd	-	1	19	42	229	291

### Diphtheria Immunisation:

Table A below indicates the number of children who completed a full course of primary immunisation or received a secondary or reinforcing injection during 1957, while Table B gives details of the number of children under 15 years of age who, at the 31st December, had completed a course of immunisation at any time before that date, i.e. at any time since 1st January, 1943.

A.

	Age at date of final injection (as regards (i)) or of reinforcing injection (as regards (ii)).			
	Under 1	1-4	5-14	Total Under 15
(i) No. who completed a full course of primary immunisation ..	624	605	112	1,281
(ii) No. who received a secondary or reinforcing injection ...	1	75	597	673

B.

Age at 31/12/57 i.e. born in year	Under 1 1957	1 to 4 1953-1956	5 to 9 1948-1952	10 to 14 1943-1947	Total under 15
No. immunised	88	1,528	6,932	8,677	20,225
Estimated mid-year Child population	2,050	8,750	21,100		31,900

## Whooping Cough Immunisation

In July, 1957, the Ministry of Health in their circular 8/57 to Local Health Authorities drew attention to a Medical Research Council Report, issued about that time, which showed by statistical evidence that inoculation with certain of the prophylactics used against diphtheria or whooping cough involves some risk of provoking paralysis due to poliomyelitis. The risk varies according to the time of the year and the type of prophylactic used, being greatest in the second and third quarters of the year and when a combined alum precipitated diphtheria and whooping cough vaccine is used. The risk is less at other times of the year and minimal when an alum free diphtheria toxoid or a plain whooping cough vaccine is used singly.

In view of these findings the Ministry made some changes in the type of materials supplied by them for use in authorities' schemes for diphtheria immunisation.

At the same time the Minister stated that he was satisfied that as far as whooping cough was concerned an effective plain vaccine could be produced. Accordingly local health authorities were recommended to offer immunisation against whooping cough as part of their arrangements under Section 26 of the National Health Service Act, 1946; unlike the diphtheria prophylactic where supplies are available free of charge, the responsibility for purchasing supplies of a suitable vaccine would rest with authorities themselves.

After fully considering the matter the Health Committee decided to adopt a scheme restricted to the issuing of the single whooping cough antigen. It was felt by the Committee that they could not agree to a wider scheme in view of the official advice referred to above, although at the same time they fully appreciated the advantage combined prophylactics have over the single antigens in requiring less injections. In view of this the combined prophylactics would no doubt continue to be more popular with parents who could, if they wished, still choose this method, and arrange with their doctors accordingly.

It was not until towards the end of the year that the County Council formally approved the scheme and although a limited amount of the plain vaccine was issued to doctors before the year expired no records were received of any children having been treated therewith in the few remaining weeks of the year.

Records were received as follows of children who had been treated from 1st July (the date from which whooping cough records have been kept) to 31st December, 1957, with combined vaccine by arrangement with their own doctors:

	Primary course	Reinforcing dose
Under 5 (1953-1957)	120	13
5-11	20	61

## **Poliomyelitis Vaccination.**

In September, 1957, the Ministry of Health increased the scope of the scheme for immunisation against poliomyelitis by extending it to all children over 6 months and under 15 years of age and certain priority groups. Previously the scheme had only provided for the vaccination of children in the 2—9 years age group. Latterly in 1957 parents of schoolchildren were informed of these added facilities by means of letters distributed through the schools. The letter informing parents of the scheme and inviting them to take advantage of the protection offered was also widely distributed by means of school nurses, health visitors and infant welfare centres. At the end of the year the number of children registered awaiting vaccination was 10,539 and at this date a total of 687 children born in the years 1947 to 1957 had been completely vaccinated, while 34 others had received only one injection.

The Assistant Medical Officers' programmes have been carefully planned to include regular poliomyelitis vaccination sessions at the clinics.

At the beginning of 1958 the Government imported vaccine from Canada and the United States and further quantities of British vaccine were made available. It became possible to enlist the co-operation of all medical practitioners practising in Kesteven whereby they have been given the opportunity of immunising all registered applicants for vaccination who are members of their medical practices. In this connection arrangements were made to decentralise the storage facilities of the vaccine to the County Council's premises at Grantham and Stamford and by arrangement at the Lincoln City Health Department offices.

The very large demand for vaccination is a measure of the amount of publicity given to it and to the parents' desire to take full advantage of the scheme.

## **Influenza Vaccination:**

In common with the rest of the country Kesteven had its share of Asian type influenza in the late summer and autumn months of the year. In September the Ministry of Health announced that a vaccine designed to give a reasonable degree of protection against this type of the disease was being produced on a commercial scale. No mass vaccination scheme was contemplated at the time but hospital staffs, general practitioners and local health authority staff who were caring for the sick in their own homes were offered vaccination. This consisted of two injections each of 1 ml. given at an interval of not less than 3 weeks. Vaccine was supplied free by the Ministry of Health to local health authorities who for their part were responsible for arranging the vaccination of their own staff and for providing general practitioners with the vaccine required for their own vaccination. The final results of the scheme showed that so far as the general practitioners and Health Department staff were concerned 175 persons, as follows, received the full course of two injections while 6 received only one injection and then decided against further treatment. There were others also who registered for vaccination but withdrew when offered their first injection.



Category	Complete course of 2 injections	Injection only
(1) General Practitioners	10	
(2) District Nurses (including Supervisory Staff)	30	
(3) Health Visitors	6	1
(4) L.H.A. Medical Staff	1	
(5) L.H.A. Ambulance Drivers	12	
(6) Home Helps	76	4
(7) Day Nursery Staff	7	1
Totals	175	6

## AMBULANCE SERVICE

The arrangements made by the County Council in July, 1948, for the provision of ambulance facilities in accordance with the requirements of Section 27 of the National Health Service Act, 1946, continued to operate throughout the year. It is perhaps of interest to note that the arrangements have been operated with only one major modification, i.e. the provision of a directly operated sitting-case car service at Stamford to replace the service previously operated by the British Red Cross Society, since the inception of the Service.

The statistics for the year reveal that 428,964 miles were covered by the ambulance service in the administrative county compared with 428,846 in 1956 and 460,967 in 1955. The total number of patients carried in 1957 was 40,908 compared with 40,903 in the previous year and 41,332 in 1955.

The average miles per patient carried in 1957 was 10.46 which closely corresponds to the previous year's figure of 10.48 and compared favourably with the figure of 11.10 in 1955 which was the peak year for mileage done and patients carried since the commencement of the service in 1948.

A detailed summary of the work carried out in the administrative county during 1957 appears on pages 31 and 32.

Throughout the year more use has been made of the facilities offered by British Railways for the transport of patients over long distances. The British Red Cross Society and the St. John Ambulance Brigade have provided attendants when necessary for most of the patients travelling by train, and experience has proved that journeys were completed more quickly by rail than when undertaken by road and in general patients suffered less from travel strain. The staff of British Railways have been most co-operative and helpful in making patient journeys by train more comfortable, speedy and economical, and the saving to the authority has been appreciable in ambulance mileage and running costs, and resulted to some extent in improved availability of vehicles at home stations during peak periods of demand.

During 1956, when considering methods of improving the efficiency of the service, the Health Committee had concluded that a system of radio control for the ambulances was desirable. A direct consequence of this decision was the approval in principle by the County Council in November, 1956, of the Health Committee's proposals for the re-organisation of the service which in brief provided for the introduction of radio control, the provision of new ambulance depôts and a re-organisation of the staff and vehicles throughout the County, excluding the area of the agency service operated by the City of Lincoln Ambulance Service. Towards the end of the year a V.H.F. Radio Telephony survey of the area was carried out and after due consideration of the survey results the County Council instructed that a modified scheme for the re-organisation of the ambulance service should be prepared under Section 27 of the National Health Service Act, 1946. By the end of the year the revised proposals had been widely circulated to all interested parties and were awaiting the confirmation of the County Council and the Ministry of Health. Consultations with the Stamford Division of the St. John Ambulance Brigade failed to find a method whereby the services of the Brigade could be included in the proposed new scheme and culminated in notice of termination of the present agency service being served on the County Council to take effect from the 31st March, 1958. Representations made by the County Council with a view to the Brigade continuing the agency service until such time as the former were in a position to implement the proposed modified scheme being unsuccessful, it became necessary for the County Council to make arrangements to ensure they would be in a position to provide an adequate service in the south of the county when the existing arrangements ceased. By the end of the year the necessary approval had been obtained to the appointment of operational ambulance staff and arrangements for the acquisition of vehicles and equipment were also well in hand. At the request of neighbouring local authorities, the County Council agreed to provide cover on an agency basis for certain parts of Rutland, Northamptonshire and the Soke of Peterborough with effect from the commencement of the directly provided service on the 1st April, 1958.

### **Garaging and Servicing:**

The arrangements for garaging the County Council's vehicles have been detailed in previous reports, and no changes have taken place during the year. The urgent need for new accommodation at Sleaford was receiving the active attention of the Health Committee at the end of 1956 but in view of the pending developments in the service referred to earlier the inadequacy of the depôt accommodation throughout the County as a whole was the subject of a special report to the Ambulance and Public Health Sub-Committee at its meeting in March, 1957, when proposals were made for the provision of new depôts at Sleaford and Grantham and at Stamford, where no accommodation would be available for County Council owned vehicles. The County Council subsequently



approved the provision of the depôts referred to above and agreement in principle to this provision had been received from the Ministry of Health at the close of the year.

The routine servicing of vehicles is carried out where possible by the whole-time drivers, the remainder of the necessary servicing and maintenance being undertaken by the commercial garages who under the present arrangements supply part-time ambulance drivers.

### Vehicles:

One new Bedford Lever 14 h.p. Dual Purpose vehicle was purchased in 1957 as a replacement for the oldest sitting-case vehicle. However, in view of the impending changes in the Stamford area it was decided to retain the old vehicle as an interim measure to assist in ensuring that an adequate number of vehicles would be available when the directly provided service commenced to operate in the Stamford area on the 1st April, 1958. At the 31st December, 1957, the County Council's ambulance fleet consisted of 10 vehicles, the disposition by type being as follows:—

<i>Depot</i>	<i>Ambulances</i>	<i>Dual Purpose</i>	<i>Cars</i>
Sleaford	3	1 (includes 1 County relief)	1
Grantham	1	1	1
Bourne	3	1	
Stamford		1	

### Owner-Drivers of Private Cars:

Five owner-drivers were available from time to time for the conveyance of sitting patients in the area covered by the directly provided ambulance service being paid at the standard rate of 7d. per mile.

### Personnel:

#### (a) *Driver/Attendants*

No change has been made in the total number of whole-time staff, eleven driver/attendants being employed. Approval had, however, been granted to the employment of one additional driver/attendant at Grantham with effect from January, 1957, in view of the necessity to ensure the manning of the station switch-board when the present arrangements cease early in January, 1958. Details of the operational staff employed at the 31st December, 1957, are as follows:—

<i>Depot</i>	<i>Whole-time Driver/attendants</i>	<i>Part-time retained Driver/attendants</i>
Sleaford	4	1
Grantham	4	2
Bourne	2	—
Stamford	1	

(b) *Attendants*

Voluntary attendants from the undermentioned organisations have continued to be available on a rota basis:—

Grantham - British Red Cross Society.

Sleaford - St. John Ambulance Brigade and Sleaford and District Voluntary First Aid and Ambulance Unit.

Bourne - British Red Cross Society and St. John Ambulance Brigade.

**Training.**

As in previous years, arrangements were made for whole-time and part-time retained personnel to attend revisionary courses in First Aid to the Injured held under the aegis of the Voluntary Aid Societies. All personnel once again re-qualified by examination and it is reported that the examination results were highly satisfactory.

**STATISTICS FOR THE YEAR 1957:****A. Directly provided Service:**

Depot	Ambulances			Sitting-Case Cars			Totals		
	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents	Mile-ages	Journeys	Pati-ents
Grantham	42,962	1,900	2,872	56,226	2,625	6,315	99,188	4,525	9,187
Sleaford	70,649 <sup>1</sup>	1,383	8,483	78,342	1,679	5,522	148,984	3,062	14,005
Bourne	31,393	879	2,275	27,606	538	1,731	58,999	1,417	4,006
Stamford	—	—	—	26,262	603	3,072	26,262	603	3,072
<b>Totals</b>	<b>144,997</b>	<b>4,162</b>	<b>13,630</b>	<b>188,436</b>	<b>5,445</b>	<b>16,640</b>	<b>333,433</b>	<b>9,607</b>	<b>30,270</b>

Average Journey : 34.70 miles.

**B. STAMFORD.** — Agency Service provided on behalf of the County Council by the St. John Ambulance Brigade operating from Stamford:

Ambulances		
Mileage	Journeys	Patients
12,299	791	1,207

Average Journey : 15.53 miles

**C. NORTH KESTEVEN (and parts of East Kesteven)—Agency Service provided by the Lincoln Corporation:**

The following statistics relating to Kesteven patients carried by vehicles of the Lincoln Ambulance Service under the Joint Scheme have been provided by the Lincoln Corporation Health Department

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile- age	Jour- neys	Pati- ents	Mile- age	Jour- neys	Pati- ents	Mile- age	Jour- neys	Pati- ents
27,392	1,182	2,725	55,840	1,537	6,706	83,232	2,719	9,431

Average Journey: 30.61 miles.

#### D. Summary for the whole of the administrative county.

AMBULANCES			SITTING-CASE CARS			TOTALS		
Mile- age	Jour- neys	Pati- ents	Mile- age	Jour- neys	Pati- ents	Mile- age	Jour- neys	Pati- ents
184,688	6,135	175,562	244,276	6,982	23,346	428,964	13,117	40,908

Average Journey: 32.70 miles.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis:

During the year, the Authority's Health Visitors, in their capacity as Tuberculosis Visitors, made 769 visits to patients to give advice as necessary and furnish reports on social circumstances and contacts. Arrangements for the interchange of information between the County Health Department, Chest Physicians and District Medical Officers of Health, as described in previous annual reports, continued to operate satisfactorily.

Dr. H. G. H. Butcher, the Chief Medical Officer of the Central Lincolnshire Chest Unit, states that the Unit continued to operate much the same as in previous years. New notifications dealt with at the Grantham Chest Clinic numbered 18 (compared with 35 last year) and the number of contacts examined was 63 (compared with 116 last year); none of the contacts was found to be tuberculous. At the Lincoln Clinic, the number of new notifications dealt with from Kesteven was 29 and the contacts examined numbered 98, none of whom was found to be tuberculous. Comparative figures for the previous year were 36, 127 and nil respectively.

The decline in the number of notifications at Grantham is attributable partly to the fact that in 1957 there was no Mass Radiography survey which in 1956 accounted for 14 new cases.

### B.C.G. Vaccination:

All "Mantoux negative" children of known cases of tuberculosis are vaccinated with B.C.G. During 1957, 80 children were treated, compared with 62 in 1956, and 42 in 1955.

### *Mass Radiography:*

One survey—in the Stamford area—was undertaken in the County during the year. A total of 7,063 persons was examined, 5,197 by the Unit when based at the Town Hall and the remainder during visits to the larger industrial undertakings in the locality. Of the 5,197 attending the Town Hall 3,620 came from Kesteven; Kesteven's share of the remaining 1,866 is not known. Two persons, both males, were found to have previously unknown active infectious tuberculosis requiring treatment. Six other persons were found to have newly discovered disease and were referred to the Chest Clinic for investigation to determine whether any of them had progressive or infectious lesions.

### *General:*

During the year 4 sleeping shelters were out on loan under the Council's scheme for open air treatment of tuberculous patients, and 59 cases considered to be in need of extra nourishment were provided with free liquid milk.

Three patients were undergoing a course of rehabilitation at Papworth Village Settlement; the County Council accepts responsibility from the time when these patients are considered fit to undertake five hours work daily.

During the year 9 patients who were being nursed at home received assistance under the County Council's Home Help Scheme.

It is the policy of the Authority to arrange for the X-ray examination of any Home Helps before they commence duty with a family where tuberculosis is present in the household. During the year 4 Home Helps were X-rayed.

The Council's medical staff undertook the medical examination of 74 entrants to teachers' training colleges and 10 entrants to the teaching profession as required under Ministry of Education Circular 249. Persons in the former group are required to be X-rayed prior to the completion of their training while those in the latter group, e.g. the occasional relief teacher or person coming direct from university have to undergo X-ray examination before appointment to teaching posts.

### **Mental Illness and Mental Deficiency:**

Reference to the community care work undertaken amongst persons suffering from mental illness or defectiveness appears on page 38 of this Report in the section dealing with the Mental Health Services provided by the Authority.

#### **Illness Generally:**

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme patients being nursed at home or after discharge from hospital.

During the year 7 patients (3 male and 4 female) were sent to a recuperative convalescent home under arrangements made by the County Council.

The Voluntary Laundry scheme, to which I referred in detail in my Report for last year, continued to be a great source of help to elderly incontinent persons, etc. in the Deepings area.

### **Nursing Equipment and Apparatus:**

There were no changes in the Council's arrangements as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society, who administer the Medical Loan Depôts on behalf of the County Council have, with the Council's financial assistance, continued to add to their own comprehensive stocks of articles. The following statistics for the year give some indication of the valuable work which these Depôts are undertaking:—

Depot	No. of issues made	No. of individual cases who benefited
Grantham ... ..	185	131
Stamford ... ..	277	181
Sleaford ... ..	332	190
<b>TOTALS</b> ... ..	<b>794</b>	<b>508</b>

### **Health Education:**

The medical and nursing staff of the Public Health Department devote time to giving talks on health topics at Infant Welfare Centres, meetings of Women's Institutes, etc. Much useful work in this field is also done by personal contact with parents, etc. during the Health Visitor's regular domiciliary visiting.

The County Nursing Superintendent and her two assistants gave a total of 15 talks during the year to Women's Institutes, Youth and other similar organisations, from which there is an increasing demand for talks on health subjects.

An annual grant is made by the County Council to the Central Council for Health Education who give assistance by producing posters, leaflets and suitable health propaganda material for display and issue at Clinics and Infant Welfare Centres.

The monthly journal on health topics, "Better Health," produced by the Central Council, is distributed to health visitors and all voluntary personnel attached to Infant Welfare Centres in the County.

A special effort was also made during the year by the distribution of pamphlets and leaflets through our health visitors and clinics to bring home to parents the importance of dental hygiene

### *Smoking and Cancer of the Lung*

In June, 1957, the Minister of Health stated that the government had been advised by the Medical Research Council that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years was that the major part of it is due to smoking and in particular heavy cigarette smoking.

The investigation in this country which has now been in progress for over 5 years shows with regard to lung cancer in men: (1) a higher mortality in smokers than non-smokers, (2) a higher mortality in heavy smokers than in light smokers, (3) a higher mortality in cigarette smokers than in pipe smokers and (4) a higher mortality in those who continued than in those who gave it up. The highest mortalities occurred among those who continued to smoke cigarettes, heavy smokers in this group having a death rate nearly forty times the rate among non-smokers.

At current death rates, the proportion of life-long heavy cigarette smokers who die of lung cancer is about 1 in 8, whereas the corresponding figure for non-smokers is 1 in 300.

In order to emphasise the importance of this subject a joint statement was prepared by the Director of Education and myself for distribution to the heads of Secondary Grammar, Secondary Modern and all-age Primary Schools. This statement was sent with a covering letter from the Director of Education together with a poster "Smoking and Health" issued by the Central Council for Health Education and also an illustrated pamphlet relating to the evils of smoking amongst children and adolescents.

It was hoped that this form of publicity warning of the dangers of smoking, intended primarily for the benefit of the younger generation, would discourage the smoking habit from the outset.

Arrangements were also made for the subject to be publicised by posters and leaflets at the Council's clinics and other public offices.

### **BLIND PERSONS**

The following information relating to blind persons in the County, supplied by the County Welfare Officer, has been included in this report at the request of the Ministry of Health.

The table below gives details of blind and partially-sighted persons on the County Council's register during the year ended 31st December, 1957:—



	(i) Blind	(ii) Partially-sighted
(a) Registered at 1st January, 1957	298	101
(b) New registrations during the year	16	18
(c) De-certified cases re-registered	—	—
(d) Deaths	31	7
(e) Transfers to other areas	4	—
(f) Transfers from other areas	7	—
(g) Transfers from blind to partially-sighted category (included in (b) (ii) above)	—	—
(h) Transfers from partially-sighted to blind category (included in (b) (i) above)	—	12
(i) Recovered sight	—	2
(j) Registered at 31st December, 1957	316	98

The age groups of the persons newly registered during the year were as follows:—

0 to 15 years	3
16 to 59 years	8
60 to 69 years	17
70 to 79 years	17
80 years and over	19
Total	<u>64</u>

The proportion of newly registered persons aged 60 years and over represents 83% of the new registrations compared with 71% the previous year. It will be noted from the table below that in 40 cases registered during the year no treatment has been recommended by the certifying ophthalmologists. The high proportion of aged persons is undoubtedly the explanation for this.

(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.S. recommends:—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	1	1	—	32
(b) Treatment (medical, surgical or optical)	8	2	—	11
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	7	2	—	11

### Ophthalmia neonatorum:

No cases of this disease were notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926-37, during the year

## DOMESTIC HELP SERVICE

The Domestic Help Service continued to operate satisfactorily throughout the year.

As the figures in the following table show, there was a decrease in the demand for help where Maternity and Tuberculosis cases were concerned.

Area	Maternity	Cases assisted				Number of helps employed at end of year (all part-time)	Total Hours worked by Helps
		T.B.	Chronic sick, including aged and infirm	Others	Total		
Grantham							
1956	14	9	213	32	268	72	38,241
1957	12	5	240	17	274	81	44,816
Sleaford							
1956	6	3	91	40	140	57	35,569
1957	10	1	125	12	148	40	38,881
North Kesteven							
1956	7	3	26	26	62	16	10,075
1957	3	3	47	12	65	17	11,220
Stamford							
1956	6	—	31	42	79	24	22,929
1957	4	—	82	11	97	30	31,315
Bourne							
1956	4	—	30	19	53	19	15,599
1957	5	—	51	22	78	21	17,727
Totals							
1956	37	15	391	159	602	188	122,413
1957	34	9	545	74	662	189	143,959

During the year a closer analysis of the types of cases covered revealed that a number of cases classified as "Others," were of long term duration; they were therefore re-classified as "Chronic Sick" cases. This accounts for the substantial increase in the numbers of "Chronic Sick" cases and the corresponding decrease in the number of "Other" cases in 1957 as compared with cases in these groups during 1956.

There was an overall increase of 60 in the number of cases helped during the year, as compared with 26 during 1956. This increase is solely in the "Chronic Sick, Aged and Infirm" category, and the help supplied was a major factor in enabling these elderly people to remain in their own homes.

In June 1957 the new full-time County Home Help Organiser was appointed to replace the part-time Organiser undertaking this work. This appointment is promoting a closer liaison between the Local Organisers and the Public Health staff. It is hoped that this arrangement may have a beneficial effect on the Service in general during the coming year.



The Night Attendance Service again has received very few requests for help but those who have received help have expressed thanks for the relief it has given to relatives caring for the aged and bedfast members of their families.

## MENTAL HEALTH

### 1. Administration:

#### (a) *Sub-Committee.*

Matters relating to the administration of the Mental Health Services in the County are dealt with by the Mental Health, Maternity and Child Welfare and Care Sub-Committee which meets at approximately quarterly intervals. This Committee consists of 20 members, 14 of whom are County Councillors and the remainder co-opted members.

#### (b) *Staff.*

The County Medical Officer of Health is the chief executive officer of the Mental Health Services and is also a designated officer for providing certificates of mental defects under the Mental Deficiency Acts. Other officers, similarly designated, were Dr. T. J. O'Sullivan, Deputy County Medical Officer of Health and two Assistants, viz. Dr. C. W. Shearer and Dr. H. Ellis Smith. Dr. J. S. Robson, Medical Superintendent of the Harms-ton Hall Hospital (the mental deficiency hospital serving the area) is also approved for this purpose.

Details of the non-medical staff of the service appear on page 5 of this Report.

#### (c) *Co-ordination.*

Co-ordination between the Authority and the Regional Hospital Boards and Hospital Management Committees, as described in previous Reports, continued to be satisfactory.

#### (d) *Delegation of Duties.*

There was no delegation of duties to voluntary societies or organisations.

#### (e) *Training of Mental Health Workers.*

No arrangements were made for the further training of staff during the year.

### 2. Work Undertaken in the Community:

#### (a) *Under Section 27 of the National Health Service Act, 1946—Prevention, Care and After-Care.*

There are no changes to report in the arrangements made (as described in previous Reports) whereby the Duly Authorised Officers supervise mental defectives living in their own homes and give assistance as required to persons suffering from mental illness.

During the year the Home Teacher for Mental Defectives gave 339 lessons to defectives in their own homes and made 110 visits in connection with the supervision of female defectives.

During 1957 3 mentally defective children were admitted to mental deficiency institutions and one to a residential establishment for short periods under the provisions of Circular 5/52.

(b) *Under the Lunacy and Mental Treatment Acts, 1890—1930, by Duly Authorised Officers.*

Details of cases dealt with during the year ended 31st December, 1957, were as follows:—

(1)	Patients from the area of Kesteven certified under the Lunacy Act, 1890 .. .. .	37
(2)	Patients admitted from this area to hospitals under Section 20, Lunacy Act, 1890 .. .. . (Of these 5 were later certified, 5 were discharged, 3 died and 46 became voluntary patients)	53
(3)	Patients admitted under Section 21 (These patients were subsequently discharged)	4
(4)	Patients from this area admitted for temporary treatment (Sec. 5 Mental Treatment Act, 1930)	1
(5)	Patients from the areas of other Local Health Authorities who were dealt with at mental hospitals in this area .. .. . (Of these 36 were certified, 7 were found not to be certifiable and 3 became temporary patients)	46

In addition 143 persons from this area were admitted to mental hospitals for voluntary treatment during the year.

(c) *Under the Mental Deficiency Acts, 1913—1938.*

- (i) Twenty-five cases were ascertained during 1957, 21 of these being found "subject to be dealt with." Of the 25 cases ascertained, 14 were notified by the Local Education Authority, 4 by other local authorities, 3 by Duly Authorised Officers, 3 through hospitals and one on discharge from an epileptic colony. Their disposal was as follows:— 6 were admitted to mental deficiency institutions, 15 were placed under statutory supervision and 4 placed under voluntary supervision.

At 31st December, 1957, there were 142 cases under statutory supervision and 124 cases under voluntary supervision. These figures included 23 cases accommodated in residential establishments provided under Part III of the National Assistance Act, 1948, and 1 case in hospital.

- (ii) There were no cases under guardianship during the year.
- (iii) The arrangements in force last year for holding the group class for young mental defectives two days a week in Grantham continued unchanged and the average attendance was 14.

A special Sub-Committee was appointed by the Health Committee towards the end of the year to consider the provision of occupation centre facilities in Grantham; their first meeting took place early in 1958.

During 1957, 10 patients were admitted to mental deficiency institutions, and at 31st December, there were 34 patients awaiting admission. Of this number 10 were considered to be in urgent need of institutional care.

The following table shows the number of mental defectives within the County at the end of the year:—

	Male	Female	Total
(1) in mental deficiency institutions or on licence therefrom ...	101	98	199
(2) under statutory supervision ...	81	58	142
(3) under voluntary supervision ...	49	51	100
(4) in residential establishments and hospitals ...	11	13	24
	<u>245</u>	<u>220</u>	<u>465</u>

### 3. Ambulance Service:

The County Council's ambulance service is available for the transportation of cases of mental illness or defectiveness and all mental health workers, both non-medical and medical, are authorised to call out ambulances or sitting-case cars as necessary.

If it is ever necessary for trained attendants to accompany patients, these are provided by arrangement with the appropriate Hospital Management Committees.

## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Three thousand one hundred and thirty-five cases of infectious diseases, etc., were notified to the District Medical Officers of Health during 1957 compared with 588 in 1956, 3,116 in 1955, 831 in 1954, 3,180 in 1953 and 2,068 in 1952.

The Notification Rates per 1,000 total population were as follows:

	County of Kesteven
Smallpox	0.00
Typhoid Fever	0.00
Para-typhoid Fever	0.01
Scarlet Fever	0.19
Diphtheria	0.00
Measles	18.24
Whooping Cough	3.22
Acute Pneumonia	0.92
Erysipelas	0.11
Acute Poliomyelitis (Paralytic)	0.16
(Non-Paralytic)	0.07
Meningococcal Infection	0.02
Food Poisoning	0.04
Dysentery	0.09
Cerebro-Spinal Fever	0.00

A Table showing the distribution, etc., of the notified cases will be found on page 57 of this Report.

*Smallpox.* — No cases of this disease were notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

*Typhoid Fever.*—No case was notified in the County during the year.

*Para-typhoid Fever.* One case of this disease was notified during the year.

*Scarlet Fever.*—Sixty-six cases were recorded, compared with 153 in 1956, and an average of 145 during the years 1950-1956.

*Diphtheria.*—For the seventh year in succession no case of this disease was notified.

*Measles.*—Two thousand, four hundred and thirty-three cases of this disease were notified to the District Medical Officers of Health during the year. The following is a summary of the cases notified and the deaths registered during the past ten years:

Year	Cases	Deaths
1948	2,592	
1949	396	1
1950	1,660	1
1951	1,640	
1952	1,159	
1953	2,015	
1954	202	1
1955	2,291	
1956	21	
1957	2,133	1

*Whooping Cough.*—Four hundred and twenty-nine cases were notified during the year, compared with 249 in 1956 and an average of 529 during the years 1950-1956.

*Pneumonia.*—Only Acute Primary and Acute Influenza Pneumonias are notifiable, and 123 cases coming within these categories were notified during 1957 compared with 56 in 1956 and 61 in 1955. Deaths from all forms of Pneumonia numbered 82—6 more than last year.

*Erysipelas*.—Fifteen cases (27 in 1956) were notified in the County during the year, representing a notification rate of 0.11 per thousand of the total population.

*Acute Poliomyelitis*.—Thirty cases (21 Paralytic and 9 Non-Paralytic) were recorded during the year, compared with 2 (1 Paralytic and 1 Non-Paralytic) in 1956. There were two deaths.

*Meningococcal Infection*.—Three cases were notified during the year, compared with none in 1956 and 1 in 1955.

*Food Poisoning*.—Six cases were recorded during 1957.

*Ophthalmia Neonatorum*.—No case was notified during the year.

*Puerperal Pyrexia*.—The 13 cases reported during 1957 represent a Notification Rate of 5.93 per thousand total births (live and still). The average number of notifications received during the previous 5 years was 15.

*Dysentery*.—There were 12 cases of this disease notified during the year, and of these 8 occurred in the South Kesteven Rural District.

*Acute Encephalitis*.—Two cases of this disease (one infective and one post infections) were notified during the year.

*Cerebro Spinal Fever*.—No case was notified during the year.

## TUBERCULOSIS

Details of the new cases of Tuberculosis (including 9 inward transfers—all respiratory) coming to the notice of the County Health Department during the year under review, and of the deaths from this disease, are as follows:—

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	1							
1—4 years								
5—14 ..	1	4		1				
15—24 ..	14	5	1	1				
25—44 ..	15	14	1		3			
45—64 ..	17	4			2	3	1	
65—74 ..	1				2			
75 and over	1				1			
<b>TOTALS</b> ...	50	27	2	2	8	3	1	

Of the 81 new cases notified 6 (respiratory) coming to light from death returns, were included in the Supplemental Return to the Ministry of Health.

In comparison, there were 118 new cases (96 respiratory and 22 non-respiratory) in 1956, 107 (93 and 14) in 1955, 136 (109 and 27) in 1954, and 150 (131 and 19) in 1953.

The 11 deaths from respiratory tuberculosis represent a mortality rate of 0.08 per thousand of the total population—the same as last year's record low rate.

The 1 death from other forms of tuberculosis (bones, joints, glands, etc.) was equivalent to a death rate of 0.01. Comparative information relating to the deaths from tuberculosis during the last decennium is given below and shows the progressive fall in mortality rates of Tuberculosis.

	<i>Respiratory Tuberculosis:</i>			<i>Non-Resp. Tuberculosis.</i>	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	
1948	...	32	0.27	7	0.06
1949	...	30	0.25	5	0.04
1950	...	26	0.20	5	0.04
1951	...	23	0.17	8	0.06
1952	...	23	0.17	4	0.03
1953	...	17	0.13	6	0.05
1954	...	18	0.14	1	0.01
1955	...	18	0.14	4	0.03
1956	...	11	0.08	3	0.02
1957	...	11	0.08	1	0.01

### **Institutional Treatment:**

From information received from District Medical Officers of Health and the Chest Physicians of the Sheffield and East Anglian Regional Hospital Boards, a total of 122 individual patients received treatment in institutions during the year compared with 147 in 1956, 195 in 1955, 196 in 1954, and 194 in 1953—111 for respiratory or suspected respiratory tuberculosis and 11 for other forms.

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (relating to persons suffering from respiratory tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936, (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculous patients in the section dealing with the County Council's Scheme for the Prevention of Illness, Care and After-Care on page 32.

## VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases as given in my Annual Report for 1949.

The following table, compiled from returns submitted by the Medical Officers of hospital treatment centres, shows the number of Kesteven patients who attended for the first time during 1957:—

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham ... ..		2	7	9
Grantham ... ..	6	3	24	33
Lincoln ... ..	1	3	23	27
Peterborough ... ..	2	3	11	16
Totals ... ..	9	11	65	85

## INSPECTION AND SUPERVISION OF FOOD

### Food Hygiene Regulations, 1955/56

During the year initial inspections were carried out of 60 premises which are used by the County Council and come under the requirements of the above Regulations. The work proceeds smoothly, due mainly to the satisfactory co-operation existing between the Health Department and the other Departments concerned.

### Milk and Dairies.

#### *Specified Areas:*

During 1957 there were no extensions of this scheme in the County, but it is expected that in 1958 the Rural District of South Kesteven will become a Specified Area and this will mean that the whole of the southern part of the County will become a "safe milk" area. The work of inspection and supervision is progressing in a satisfactory manner and 20 samples of milk were obtained in 1957 and submitted for examination. It is pleasing to note that all the samples proved, upon examination, to be satisfactory.

#### *Supervision of Pasteurising Plants:*

The work under this heading continued as in previous years. During the year the County Health Inspector made 102 visits to the two licensed pasteurising establishments and 103 samples of milk were submitted for examination. All the samples satisfied both the methylene blue and phosphatase tests.



### *Tuberculosis in Milk:*

The joint County scheme for the biological sampling of milk continued to function satisfactorily. One hundred and nine samples of milk were obtained for biological examination involving 105 herds. Two samples proved to be positive to tubercle bacilli and these reports were referred to the Divisional Veterinary Inspector, Ministry of Agriculture, Fisheries & Food, who carried out bulk sampling from the herds. Three cows were found to be suffering from tuberculosis and were slaughtered under the Tuberculosis Order. The herds have now been certified free from infection.

Twelve samples were found to be positive to brucella abortus and the appropriate action was taken in each case.

### *Milk and Dairies Acts and Orders:*

I am indebted to Mr. G. A. Moore, the Divisional Veterinary Inspector, for the following report:—

“The following inspections of dairy herds were carried out:

Non-designated Herds—141, comprising 1,470 cows.

T.T. Herds—313, comprising 7,424 cows.

“On 31st December, 1957, there were 82 non-designated milk producing herds, of which approximately 20 are producing milk which is not heat treated. There were 270 fully attested herds producing T.T. milk, whilst a further 23 attested herds and 5 supervised herds were producing non-designated milk.”

### *Milk in Schools Scheme:*

Milk supplies to the schools under the Milk in Schools Scheme continued to be satisfactory. All schools receive supplies of liquid milk which is either pasteurised or tuberculin-tested. All sources of supply are approved by my department before contracts are entered into. Samples of the milk are regularly obtained and submitted for bacteriological or biological examination. During the year 103 samples of milk were obtained from these suppliers. All the samples proved to be satisfactory.

The number and types of individual retailers approved, together with schools supplied were as follows:—

(Comparable figures for 1956 are shown in parenthesis)

12	14)	Licensed retailers were supplying	
		Pasteurised milk to	166 (169) schools
6	(8)	Licensed retailers were supplying	
		Tuberculin Tested milk to	15 (12) schools

### *Milk Supplies to Establishments and Homes:*

In all cases of milk supplied to Residential Establishments, Children's Homes and similar institutions under the control of the County Council, the source of supply is approved by my department.

## Diseases of Animals

The Divisional Veterinary Inspector has supplied the following information: -

### *Tuberculosis Order, 1938:*

No. of Tuberculous Milk Investigations	3
No. of cows where T.B. detected	2
No. of cattle slaughtered under T.B. Order	3
No. of cattle slaughtered under T.B. Slaughter of Reactors Order	20

## Food and Drugs Act, 1955:

The provisions of the Foods and Drugs Act, 1955, insofar as they relate to the composition and adulteration of food and drugs were administered by the Weights and Measures Inspectors of the County Council and I am indebted to the Chief Inspector of Weights and Measures, Mr. E. T. Hawley, for the following report:—

### SAMPLING

“During the year under review, 419 samples were obtained in the area where the County Council is the Food and Drugs Authority, i.e. the Administrative County including the Boroughs of Grantham and Stamford. As in former years, samples were taken on the basis of 3 per 1,000 of population and the Table at Appendix “A” shows how this was done in the principal rural and urban divisions of the County.

“The articles actually sampled are listed in Appendix “B” from which it will be seen that milk and other dairy products, sausages, preserves, soft drinks and tinned foods were among those most frequently tested. The 211 samples of milk obtained during the year represents approximately 50% of all the samples taken and this reflects both the importance of milk as an article of diet as well as the Ministry’s own policy. Now that bottled pasteurised milk has largely taken the place of raw milk supplied by small producer-retailers, there is less opportunity to take milk samples from a diversity of retail sources. To offset this, samples are taken more frequently from separate producers, usually from consignments in course of delivery to the processing plants

### QUALITY OF MILK

“The effect of these changes in the distribution pattern has had a marked effect on the quality of milk, for while 211 samples of milk were obtained in 1957, not one was found to be adulterated by the addition of water. Seasonal fluctuations in butter-fat and in the other solid constituents troubled some producers, but, generally speaking, the milk available to the public in Kesteven remains well above the minimum standard at all times of the year. The Milk Marketing Board is now making regular monthly quality tests and though, at the present time, no very stringent action is taken

against producers where deficiencies are revealed, there is a feeling in well-informed quarters that these tests may well be the prelude to a system of payment on a quality basis. Statistics relating to milk are set out in Appendix "C" from which it will be seen that the quality of milk produced and consumed in Kesteven remains well above the minimum legal standard of 3.0% butter-fat and 8.5% of other solids

#### ANALYSES

"203 samples of milk and 15 samples of cream were tested in the Department's laboratory and found to be genuine, while 8 samples of milk and 193 samples of other foods and drugs were submitted to the Public Analyst (W. W. Taylor, Esq., B.Sc., F.R.I.C.) at Nottingham. Of the 201 samples submitted to the analyst, 23 (11.4%) were found to be adulterated or otherwise unsatisfactory. This figure is rather higher than in recent years, but it includes a number of naturally low-grade milks and also a number of foods where, in the absence of a statutory or generally accepted standard, the analyst bases his opinion on recommendations of the Association of Public Analysts. On the whole, these tend to be more exacting than either the government or the "trade" are willing to accept. The action taken in respect of all unsatisfactory samples is set out in Table VIII on page 59 of this Report.

#### UNSATISFACTORY SAMPLES

"While the Public Analyst categorises 23 samples as being 'unsatisfactory,' it will be seen from a perusal of Appendix "B" and Table VIII that his strictures relate mainly to milk, processed cheese, sausages and certain brands of imported tinned meats. The great majority of foodstuffs consumed today are clean, wholesome and free from unnecessary preservatives and this fact is emphasised by the wide range of conestibles which he certifies to be entirely satisfactory.

"No foodstuff is more difficult to control than milk and though the Sale of Milk Regulations fix a presumptive standard of 3.0% butter-fat and 8.5% of other solids, this can be set aside if it can be proved that the milk sold is 'as it came from the cow' (Hunt versus Richardson). Just as certain Channel Island breeds produce milk of consistently high quality, so others habitually give larger quantities of very much poorer milk, producing naturally what could also be watered or skimmed milk. In these cases the suspect milk is always compared, within 24 hours if possible, with similar milk from the same source; in other words, "appeal is made to the cows" who, in so many cases, exonerate their owners from legal liability by continuing to produce sub-standard milk. All the unsatisfactory milk samples listed in Table VIII fall into the category of naturally sub-standard milk.

"Early in the year, the Food Standards Committee issued an interim report on Processed Cheese and Cheese Spread in which, inter alia, minimum butter-fat and moisture contents were listed.

This gave rise to the belief that standards for cream and other cheeses might soon be forthcoming. In the meantime, every proper use is made of opportunities like this to persuade manufacturers to adopt the higher standards. In the case of Cream Cheese (No. 315) the manufacturer was seemingly unmoved, but there is reason to believe he appreciated other advice the Department was able to give concerning labelling.

"Of the 20 sausage samples obtained during the year, only 3 were appreciably below the standard recommended by the Council after the repeal of the war-time standards of 65<sup>0</sup>/<sub>100</sub> of meat in a pork and 50<sup>0</sup>/<sub>100</sub> of meat in a beef sausage. The Council recommended the retention of these standards and it is interesting to notice by what comparatively small amounts the 3 unsatisfactory samples deviated from the proposed percentage. On the other hand, 14 satisfactory samples had an average meat content of 66·8<sup>0</sup>/<sub>100</sub> at an average price of 2·11d. per lb. In spite of considerable publicity and pretty continuous pressure from interested parties, the Minister still seems disinclined to re-introduce a statutory standard for sausages and thus it is reassuring to see what can be done locally by what might be termed commonsense methods."

## APPENDIX A

Localities in which samples were taken during the year.

North Kesteven	with approximate population of	31,000	—	94
South Kesteven (including Bourne U.D.C.)	..	20,000	—	62
East Kesteven (including Sleaford U.D.C.)	..	28,000	—	87
West Kesteven	..	18,000	—	67
Grantham Borough	..	21,000	—	74
Stamford Borough	..	11,000	—	35
				119

N.B.—Sampling is done on the basis of 3 per 1,000 of population.

## APPENDIX B

List of articles sampled during the year.

Almonds (ground) ... ..	2	Milk ... ..	211
Butter ... ..	11	Milk (condensed) ... ..	3
Cheese ... ..	6	Milk shakes ... ..	6
Cherries (glacé) ... ..	2	Mint jelly ... ..	1
Coconut (desiccated) ... ..	1	Olive oil ... ..	2
Chutney ... ..	1	Peanut butter ... ..	1
Coffee & Chicory ... ..	3	Peel (mixed) ... ..	1
Cream ... ..	18	Preserves ... ..	19
Curry powder ... ..	1	Rice ... ..	1
Drugs ... ..	5	Sausages ... ..	20
Fish paste ... ..	4	Sauce ... ..	1
Flour ... ..	1	Shortening ... ..	1
Glucose ... ..	1	Soft drinks ... ..	19
Honey ... ..	1	Soup and other tinned foods	16
Ice Cream ... ..	9	Sugar ... ..	1
Ice Lollies ... ..	1	Sugar confectionery ... ..	12
Margarine ... ..	12	Vinegar ... ..	3
Marzipan ... ..	2	Wine ... ..	2
Meat paste ... ..	11		
Meat (tinned, etc.) ... ..	7	Total	

## APPENDIX C

Statistics relating to Milk samples.

		Number tested	Average Butter-fat	Average solids other than fat
Morning's milk	...	82 (85)	3.37% (3.34%)	8.66% (8.80%)
Evening's milk	...	54 (52)	4.35% (4.34%)	8.97% (8.82%)
Mixed milk	...	75 (61)	3.80% (3.65%)	8.86% (8.85%)
Average of all samples		211 (198)	3.84% (3.70%)	8.83% (8.82%)

*N.B.*—The standard of the Sale of Milk Regulations, 1924 (below which milk is presumed to be adulterated until the contrary is proved) is 3.0% butter-fat and 8.5% solids other than fat.

The figures in brackets in the above Table are the comparative averages for last year.

## SANITARY CIRCUMSTANCES

**Housing:**

This is a statutory function of Borough and District Councils.

The housing situation in Kesteven continues to improve. The slum clearance programmes are now in full operation and a large number of families has been re-housed. For instance, during 1957 the South Kesteven Rural District Council re-housed a total of 109 families, whilst the Borough of Grantham re-housed 104 families. The condition of many existing houses, however, is still unsatisfactory. The cessation of housing repairs during the period of the war, and the necessary restrictions placed upon all building work immediately afterwards, greatly increased the number of houses which are now unfit for habitation. It is estimated that in England and Wales about 6½% of the permanent houses in the country as a whole are unfit by present day standards and will ultimately have to be demolished.

During the year 117 houses were built by the four Rural District Councils.

*Improvement Grants—Housing Act, 1949:*

Applications dealt with by Rural District Councils during the year:—

Received	...	...	...	...	207
Approved	...	...	...	...	196
Rejected	...	...	...	...	8
Under consideration	...	...	...	...	1

**Water Supplies and Sewerage:***Re-Grouping of Water Undertakings in Kesteven:*

In my Annual Report for 1956 I set out in some detail the proposals for re-grouping of water undertakings in the County. This important step is still under active consideration and it is expected that firm proposals will emerge during the coming year.

Progress continues to be made in the provision of mains water supplies, together with sewers and sewage purification works in all areas of the County.



During 1957 a tentative scheme was submitted to the Ministry of Housing and Local Government for the improvement of supplies throughout the Rural District of North Kesteven. These proposals covered the provision of additional storage capacity, mains of larger diameter and additional pumping plant. Some of this work is not of undue urgency and would be undertaken as the need arises, but much of it needs to be carried out as soon as possible to overcome lack of pressure at times of peak consumption, notably in the parishes of Branston, Heighington and Washingborough. The needs of these parishes were the subject of a supplementary report to the Ministry and the Council are pressing to the utmost for an early start of this part of the scheme.

Supplies at both Dunston and Potterhanworth are drawn from the Lincolnshire Limestone. Samples are taken weekly at the source of supply and in every case the samples of raw water have been satisfactory. Weekly samples are also taken at the source after chlorination, which is the only treatment given to the water, and here again all have been satisfactory.

One of the most noteworthy schemes for sewerage and sewage disposal was nearing completion at the end of the year. This was the work of sewerage the parishes of Branston, Heighington and Washingborough in the North Kesteven Rural District. Sewage from these parishes will discharge to a new purification works at Washingborough. Work also commenced on the re-sewering of the village of Metherringham and the provision of a new sewage purification works. A scheme for the sewerage of Brant Broughton was also approved and authority given by the Ministry of Housing and Local Government to invite tenders for the work. The scheme for the provision of a new sewage purification works was approved for the Bourne Urban District. This was commenced in 1957 and will cost £75,000. It also provides for the installation of new foul and surface water sewers in North Street. The present sewage purification works are completely inadequate both in capacity and treatment efficiency.

### **Schools:**

Supervision was maintained of the environmental conditions at schools; routine inspections are carried out and defects found are, together with recommendations, reported to the Director of Education for his observations. Thirty-eight such inspections were made during the year.

### **General:**

During the year a number of matters received attention; they included the supervision of private water supplies to properties owned by the County Council, joint investigations by the County Health Inspector and officers of the district councils in connection with refuse disposal, water supplies and housing.

TABLE I.—VITAL STATISTICS, 1957.

DISTRICT	Popul'n Mid-year 1957 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Stillbirths			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			C'de D'th R t	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne ...	5,020	36	33	69	13.75	13.61	1	1	2	2	2	4	58.00	35	31	66	13.15	12.36
Grantham ...	24,190	184	164	348	14.39	14.39	2	2	4	3	2	5	14.37	127	116	243	10.05	10.45
Sleaford ...	7,460	60	45	105	14.08	14.36	2	—	2	1	1	2	19.05	65	81	146	19.57	11.35
Stamford ...	11,460	77	75	152	13.26	13.53	1	1	2	1	2	3	19.74	92	92	184	16.06	9.96
Total Urb. Dists.	48,130	357	317	674	14.00	14.00	6	4	10	7	7	14	20.77	319	320	639	13.28	11.02
East Kesteven ...	20,920	180	164	344	16.44	18.58	2	4	6	7	2	9	26.16	99	76	175	8.37	10.80
North Kesteven ...	31,020	306	239	545	17.57	18.10	11	5	16	8	5	13	23.85	215	213	428	13.80	10.90
South Kesteven ...	15,100	132	122	254	16.82	17.49	4	5	9	4	1	5	19.68	79	55	134	8.87	8.60
West Kesteven ...	18,230	164	160	324	17.77	17.59	2	7	9	2	1	3	9.26	112	83	195	10.70	11.56
Total Rur. Dists.	85,270	782	685	1467	17.20	18.06	19	21	40	21	9	30	20.45	505	427	932	10.93	10.82
Total Adminis- trative County...	133,400	1139	1002	2141	16.05	16.53	25	25	50	28	16	44	20.55	824	747	1571	11.78	10.84



TABLE III.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1957

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS										
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES ...	M 319 F 320	7 7	1 —	1 4	1 4	4 3	13 11	75 48	95 86	123 161	505 427	21 9	5 3	2 2	7 2	33 20	111 63	125 97	201 231
1. Tuberculosis, respiratory ...	M 1 F 2	— —	— —	— —	— —	— —	— —	1 2	— —	— —	7 1	— —	— —	— —	— —	3 —	1 1	2 —	1 —
2. Tuberculosis, other ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— —	— —	— —	— —	— —	1 1	— —	— —
3. Syphilitic disease ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— —	— —	— —	— —	— —	— —	— —	— —	— —
4. Diphtheria ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
5. Whooping Cough ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
6. Meningococcal infections ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
7. Acute poliomyelitis ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
8. Measles ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9. Other infective and parasitic diseases ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
10. Malignant neoplasm, stomach ...	M 3 F 7	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
11. Malignant neoplasm, lung ...	M 13 F 4	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
12. Malignant neoplasm, breast ...	M 17 F 10	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
13. Malignant neoplasm, uterus ...	M 30 F 28	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
14. Other malignant and lymphatic neoplasms ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
15. Leukaemia, aleukaemia ...	M 3 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
16. Diabetes ...	M 29 F 55	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
17. Vascular lesions of nervous system ...	M 53 F 23	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
18. Coronary disease, angina ...	M 9 F 8	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
19. Hypertension with heart disease ...	M 50 F 71	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
20. Other heart disease ...	M 16 F 17	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
21. Other circulatory disease ...	M 9 F 16	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
22. Influenza ...	M 4 F 16	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
23. Pneumonia ...	M 17 F 11	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
24. Bronchitis ...	M 3 F 7	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
25. Other diseases of respiratory system ...	M 1 F 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
26. Ulcer of stomach and duodenum ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
27. Gastritis, enteritis and diarrhoea ...	M 3 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
28. Nephritis and nephrosis ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
29. Hyperplasia of prostate ...	M 1 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
30. Pregnancy, childbirth, abortion ...	M 5 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
31. Congenital malformations ...	M 29 F 26	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
32. Other defined and ill-defined diseases ...	M 9 F 4	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
33. Motor vehicle accidents ...	M 4 F 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
34. All other accidents ...	M 4 F 5	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
35. Suicide... ..	M 4 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
36. Homicide and operations of war ...	M 4 F 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —



TABLE II. SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1957.

CAUSES OF DEATH	Bournemouth U.D.	Grantham Borough	Sheaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
Tuberculosis, respiratory ...	2	—	—	1	3	—	3	4	1	8	11
Tuberculosis, other ...	—	—	—	—	—	—	1	—	—	1	1
Syphilitic disease ...	—	1	—	—	1	—	2	—	—	2	3
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	1	—	—	1	1
Acute poliomyelitis ...	—	1	—	—	1	—	1	—	—	1	2
Measles ...	—	—	1	—	1	—	—	—	—	—	1
Other infective and parasitic diseases ...	1	1	—	1	3	1	—	1	1	3	6
Malignant neoplasm, stomach ...	1	4	3	4	12	4	9	4	3	20	32
Malignant neoplasm, lung bronchus ...	1	7	1	8	17	1	5	1	5	12	29
Malignant neoplasm, breast ...	—	4	4	9	17	3	4	—	4	11	28
Malignant neoplasm, uterus ...	—	5	3	2	10	3	1	—	2	6	16
Other malignant and lymphatic neoplasms ...	4	31	12	11	58	18	25	9	17	69	127
Leukaemia, aleukaemia ...	—	1	—	—	1	—	3	—	2	5	6
Diabetes ...	—	1	1	4	6	1	3	—	1	5	11
Vascular lesions of nervous system ...	11	25	13	35	84	29	35	21	27	112	196
Coronary disease, angina ...	8	30	26	14	78	28	48	13	25	114	192
Hypertension with heart disease ...	—	5	4	8	17	4	7	2	1	14	31
Other heart disease ...	17	50	35	19	121	24	143	24	44	235	356
Other circulatory disease ...	1	13	3	16	33	9	14	5	12	40	73
Influenza ...	4	5	3	1	13	—	8	6	3	17	30
Pneumonia ...	4	9	8	12	33	7	24	9	9	49	82
Bronchitis ...	—	11	3	4	18	6	15	3	8	32	50
Other diseases of respiratory system ...	—	—	2	2	4	—	3	2	1	6	10
Ulcer of stomach and duodenum ...	—	4	2	3	9	2	3	2	3	10	19
Gastritis, enteritis and diarrhoea ...	—	1	—	—	1	—	—	1	1	2	3
Nephritis and nephrosis ...	1	3	—	—	4	4	3	1	1	9	13
Hyperplasia of prostate ...	1	1	3	1	6	4	3	2	1	10	16
Pregnancy, childbirth, abortion ...	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations ...	—	4	—	2	6	4	3	—	1	8	14
Other defined and ill- defined diseases ...	6	15	13	21	55	18	38	13	15	84	139
Motor vehicle accidents ...	3	6	1	3	13	1	3	3	3	10	23
All other accidents ...	—	1	5	3	9	3	16	6	4	29	38
Suicide ...	1	4	—	—	5	1	4	1	—	6	11
Homicide and operations of war ...	—	—	—	—	—	—	—	1	—	1	1
ALL CAUSES ...	66	243	146	184	639	175	428	134	195	932	1571

TABLE IV.—INFANT WELFARE CENTRES, 1957.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer				
		Born in 1957	Born in 1956	Born in 1955 to 1952	Infants under 1	Children aged 1—2	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total	
ANCASTER— ... British Legion Hall ...	Fourth Thursday ...	14	15	14	43	82	30	20	132 (13)	57	31	88
BASSINGHAM— Comrades Hall ...	Second Tuesday ...	13	12	6	31	101	62	9	172 (14)	98	65	163
BILLINGBOROUGH— Toller Hall ...	Third Tuesday... ...	35	19	49	103	226	91	191	508 (42)	93	74	167
BILLINGHAM— Church Hall ...	Second & Fourth Wednesday	22	24	50	96	351	168	198	717 (31)	144	149	293
BOURN— The Clinic, North Rd.	First and Third Thursday	59	59	96	214	844	246	306	1,386 (58)	162	106	268
BRACEBRIDGE HEATH Village Hall ...	Second & Fourth Thursday	27	25	50	102	490	165	230	885 (38)	198	160	358
BRANSTON— Methodist Chapel ...	Second Tuesday ...	18	22	35	75	205	110	134	449 (37)	137	129	266
CASTLE BYTHAM— Village Hall ...	Second Wednesday ...	14	7	19	40	93	30	70	193 (16)	28	13	41
CAYTHORPE— Village Hall ...	Second Wednesday ...	14	5	25	44	88	47	56	191 (16)	36	23	59
CLAYPOLE— Village Hall ...	First Thursday... ...	15	10	37	62	93	35	99	227 (19)	41	17	58
COLSTERWORTH— Wesleyan School ...	Fourth Monday ...	15	18	32	65	133	94	150	377 (31)	37	12	49
CORBY— Church Room ...	Second Thursday ...	6	12	25	43	64	64	87	215 (18)	28	40	68
CRANWELL— R.A.F. Station ...	First and Third Thursday	34	43	21	98	339	109	25	473 (21)	—	—	—
EAGLE— Village Hall ...	Second Wednesday ...	9	11	16	36	101	17	77	195 (18)	80	73	153

TABLE IV (Continued)—INFANT WELFARE CENTRES, 1957.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer				
		Born in 1957	Born in 1956	Born in 1955 to 1952	Total	Infants under 1	Children aged 1-2	Children aged 2-5	Total with Aver.	Infants under 1	Children aged 1-5	Total
FOLKINGHAM— Village Hall ...	First Friday ...	3	3	10	16	27	20	58	105 (9)	13	30	43
FULBECK— Reading Room ...	Last Wednesday ...	15	15	10	40	69	30	26	125 (10)	30	8	38
GRANTHAM— 40 Westgate ...	Tuesday a.m. and p.m. Wednesday p.m. Thursday a.m. and p.m. Every Wednesday ...	98	226	143	467	3171	583	506	4320 (30)	143	45	188
GRANTHAM— (Harrowby Lane) Methodist Church Hall	First Wednesday ...	137	118	140	395	2597	400	513	3510 (7)	199	27	226
GREAT GONERBY— Memorial Hall ...	First Wednesday ...	14	14	22	50	82	41	44	167 (14)	15	3	18
HECKINGTON— Village Hall ...	Third Thursday ...	30	22	42	94	202	148	221	571 (48)	57	52	109
HEIGHINGTON— Methodist Schoolroom	Second Thursday ...	15	12	34	61	100	86	128	314 (26)	88	172	260
INGOLDSBY— Village Hall ...	First Wednesday ...	8	5	14	27	44	23	43	110 (9)	17	10	27
LINGCOLN— Doddington Road ...	Third Monday ...	18	10	19	47	60	55	70	185 (17)	49	94	143
LONG BENNINGTON— Village Hall ...	Alternating Second Tuesday and Second Monday ...	14	13	25	52	97	54	133	284 (24)	25	19	44
MARKET DEEPING— Welland Room, New Inn	Second and Fourth Monday ...	38	41	18	97	401	94	29	524 (24)	84	20	104
MARTIN— Dr. R. E. Riley's Surgery ...	Third Wednesday ...	12	14	25	51	79	67	79	225 (22)	63	108	171
METHERINGHAM— Village Hall ...	First and Third Wednesday ...	25	28	59	112	414	197	299	910 (38)	179	213	392
MORTON— Baptist Church Hall ...	Third Friday ...	8	4	10	22	42	7	21	70 (6)	15	13	28

TABLE IV (Continued)—INFANT WELFARE CENTRES, 1957.

Address of Centre	Days of Opening	Individual Children who attended			Attendances			Consultations with Medical Officer				
		Born in 1957	Born in 1956	Porn in 1955 to 1952	Total	Infants under 1	Children aged 1—2	Children aged 2—5	Total with Aver.	Infants under 1	Children aged 1—5	Total
NAVENBY— Weslevan School	Second Friday ...	17	18	41	76	117	73	117	307 (26)	93	139	232
NOCTON— R.A.F. Hospital	Wednesday fortnightly	...	13	20	45	185	115	169	469 (18)	—	—	—
NORTH HYKELAM Weslevan Schoolroom	Second and Fourth Tuesday	19	33	48	100	349	150	156	655 (27)	97	75	172
NORTH HYKELAM— (Newark Road) Memorial Hall	First Monday	...	23	29	79	183	96	91	370 (34)	145	134	279
OSBOURNBY— Village Hall	Last Thursday	...	9	13	29	52	27	46	125 (11)	19	32	51
POTTERELAN WORTH Village Hall	Third Friday	...	8	31	47	79	40	134	253 (21)	73	118	191
ROPSLEY— Village Hall	Third Friday	...	1	13	21	32	27	65	124 (10)	13	17	30
SKELLINGTHORPE— Women's Institute	Second Monday	...	13	19	61	116	87	140	343 (29)	83	135	218
SLEAFORD— Riversdale House, Westgate	Every Monday	...	65	71	250	1274	522	387	2183 (45)	213	130	343
SOUTH WITTHAM— Church Hall	Third Wednesday	...	11	16	54	103	60	84	247 (21)	—	—	—
STAMFORD— The Clinic, Barnhill	Every Friday	...	115	83	300	1572	463	443	2478 (50)	183	74	257
THURLBY— Chapel Hall	Second Friday	...	11	6	26	67	19	15	101 (8)	—	—	—
WADDINGTON— Church Hall	First and Third Tuesday	...	71	65	233	672	248	296	1216 (51)	261	177	437
WASHINGBORO— Village Hall	Third Thursday	...	15	13	51	142	92	94	328 (27)	115	135	240

TABLE V.—\*PREMATURE INFANTS BORN DURING 1957.

Weight at Birth	PREMATURE LIVE BIRTHS						PREMATURE STILL-BIRTHS					
	Born in Hospital  Total 24hrs. lived of birth days	Born at home and nursed entirely at home  Total 24hrs. lived of birth days	Born at home and transferred to hospital on or before 25th day  Total 24hrs. lived of birth days	Born in nursing home and nursed entirely there  Total 24hrs. lived of birth days	Born in nursing home and trans- ferred to hospital on or before 25th day  Total 24hrs. lived of birth days	Born in hospital	Born in nurs- ing home					
3 lb., 4 oz. or less	10	5	2	1	—	1	1	3	—	5	2	—
Over 3lb., 4oz. up to and including 4lb., 6oz.	10	—	8	1	—	1	3	—	—	5	—	—
Over 4lb., 6oz. up to and including 4lb., 15oz.	23	—	21	1	—	1	1	—	—	3	—	—
Over 4 lb., 15 oz. up to and includ- ing 5lb., 8oz.	65	4	59	18	—	—	—	1	—	1	2	—
Totals	108	9	90	21	—	21	8	7	1	—	1	—

\*i.e., babies weighing 5½ lbs. or less at birth, irrespective of period of gestation.



TABLE VI.—DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1957.  
(including Non-Civilians)

Sanitary District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Poliomyelitis	Paralytic	Non-Paralytic	Para-Typhoid Fever	Infective Encephalitis	Post Infectious	Meningococcal Infection	Poisoning	Cerebro-Spinal Fever	Malaria	Enteric Fever
Bourne U.D. ...	89 (39)	2	—	32	27	26	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Grantham M.B. ...	472 (66)	2	—	343	95	13	—	10	1	4	3	1	—	—	—	—	—	—	—	—	—
Sleaford U.D. ...	346 (39)	2	—	307	32	—	—	—	—	2	1	—	—	1	1	—	—	—	—	—	—
Stamford M.B. ...	80 (132)	21	—	24	14	19	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Aggregate of Urban Districts	987 (276)	27	—	706	168	58	—	10	1	8	4	1	1	1	1	—	—	2	—	—	—
E. Kesteven R.D. ...	825 (93)	6	—	648	123	28	—	1	—	4	6	4	—	—	—	—	3	—	—	1	1
N. Kesteven R.D. ...	690 (63)	13	—	593	4	10	—	2	3	—	9	2	—	—	—	—	—	4	—	—	—
S. Kesteven R.D. ...	340 (93)	16	—	248	41	22	—	—	8	3	—	2	—	—	—	1	—	—	—	—	—
W. Kesteven R.D. ...	293 (63)	4	—	238	43	5	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
Aggregate of R.D.'s	2148 (312)	39	—	1727	261	65	—	3	11	7	17	8	—	—	—	1	3	4	—	1	1
Totals for whole County ...	3135 (588)	66	—	2433	429	123	—	13	12	15	21	9	1	1	1	1	3	6	—	1	1
		(153)	(—)	(21)	(249)	(56)	(2)	(20)	(32)	(27)	(1)	(1)	(—)	(1)	(1)	(1)	(—)	(23)	(1)	(—)	(—)

Note. Figures in brackets relate to 1956.

TABLE VII—CLINICS.

Address	DENTAL	ORTHOPAEDIC	OPHTHALMIC*	E.N.T.†	RHEUMATISM AND HEART	SPEECH THERAPY	CHILD GUIDANCE
<b>Beaconfield, Grantham.</b>	Mon. 9 a.m.—5 p.m. Fri. 9 a.m.—5 p.m. Sat. 9 a.m.—12 noon.	Mon. 9-12 noon. Wed. 9 a.m.—5 p.m. Fri. 9 a.m.—5 p.m. Sat. 9-12 noon.	1st & 3rd Fri. each month, 10 a.m.—1 p.m. 11-12 noon.	Last Fri. each month, 11-12 noon.	As and when required.	Tues. 9 a.m.—1.30 p.m. Fri. 2-4.30 p.m.	Mon. 9.15 a.m.—12.30 p.m. 1.31-5 p.m.
<b>Barnhill House, Stamford.</b>	As required.	Tuesday 2-4.30 p.m.	1st & 3rd Thurs. each month, 2-4 p.m.	—	—	Mon. 9.30 a.m.—1.30 p.m.	—
<b>North St., Bourne.</b>	As required.	Tuesday 10-12 noon	1th Thursday each month, 11.30 a.m.—1 p.m.	—	—	Thurs. 2-4 p.m.	Bourne House Hostel Thurs. 2.30-5 p.m.
<b>Riversdale House, Sleaford.</b>	Mon. 9 a.m.—5 p.m. Fri. 9 a.m.—12 noon.	Monday 2-4.30 p.m. Thursday 9.30 a.m.—1.30 p.m.	2nd Tues. each month, 3-5.30 p.m.	1st Fri. each month, 11 a.m.—1 p.m.	As and when required.	Wed. 9 a.m.—12 noon. Thurs. 9 a.m.—12 noon	Fri. 2.15-5 p.m.
<b>30 Lindum Rd., Lincoln.</b>	—	—	—	—	2nd Tues. each month, 10-12 noon	Wed. 2-4.30 p.m.	—

*Surgeon attends as required*

*\*Under arrangements with the Regional Hospital Boards.*

All services by appointment only.

TABLE VIII — ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1957.

Sample No.	Article	Report of Analyst	Action taken
131	Pork sausages	Contained 57.6% of meat of which 30.04% was fat	The vendor had recently taken over as owner the business he had managed for many years. In view of all the circumstances, it was decided that a written caution would meet the case.
147	Pork luncheon meat	Contained only 45% of meat—the Association of Public Analysts has suggested a 90% minimum	This was a Belgian product and, on the advice of the Public Analyst, it was decided to take a range of similar samples before considering legal action.
148	Potted beef	Contained 95.5% of meat instead of the 100% claimed	In view of the comparatively small deficiency, a further sample (No. 193) was taken. This proved to be satisfactory and, therefore, no action was taken.
170	Pork sausages (tinned)	Contained 75% of meat instead of the 80% claimed on the label	Although the meat content of these canned pork sausages was well above the generally accepted standard of 65%, the attention of the packers was drawn to the discrepancy between their claim of 80% and the analyst's figure of 75%.
149 187 188 189	Milk shake " " " " " "	Contained 72%, 57%, 63.46% and 45.5% of fresh milk respectively—in every case less than the figure of 85% recommended by the Association of Public Analysts	The General Purposes Committee gave careful consideration to the question of the proper composition of a Milk Shake and, after hearing expert advice, recommended to the Council that 75% of whole milk is a reasonable minimum. The Council accepted this recommendation and also approved the Committee's directive that all Milk Bar proprietors in the County be informed in a suitably worded circular.
201	Cheese spread	Contained 19.06% of milk-fat—in a recent report on Processed Cheese, the Food Standards Committee recommends 20%	As the milk-fat deficiency in this Danish product was only fractionally below the 20% recommended by the Food Standards Committee, no action was taken.

TABLE VIII (Contd.)—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1957.

Sample No.	Article	Report of Analyst		Action taken
270	Milk	4.1% milk-fat and	8.2% other solids	These samples were taken from a Lindsey producer-retailer who sells a lot of milk in the eastern parts of Kesteven, mostly from a high yielding Friesian herd. "Appeal" samples taken at the farm (Nos. 277 and 286) showed that there was no difference between the bottled milk being retailed and the milk "as it came from the cows". In these circumstances, the case was referred to the Lindsey authority for advisory action.
273	"	2.7% "	8.3% "	
277	"	4.2% "	8.31% "	
286	"	2.7% "	8.2% "	
295	Milk	Contained 2.52% milk-fat and 8.06% other solids		This sample was taken from a Lindsey producer-retailer, an old man of 68 who milks 4 cows and retails the product in two handcans. In view of the fact that "appeal" samples taken at the farm were low in 'other solids' (8.20% and 8.09%), it was decided that a written caution in respect of the milk-fat deficiency would meet the case.
263 293	Pork luncheon meat "	Contained 53% of meat Contained 68.6% of meat		
287	Pork sausages, 1st grade	Contained 60.75% of meat		These samples were purchased from a Grantham butcher at 3 ld. and 2 10d. per lb., respectively. His attention was drawn to the Council's view (expressed in a Circular to all butchers some time ago) that a good quality pork sausage should contain not less than 65% of meat.
288	" 2nd grade	Contained 52.00% of meat		

These samples were purchased from a Grantham butcher at 3 1d. and 2 10d. per lb., respectively. His attention was drawn to the Council's view (expressed in a Circular to all butchers some time ago) that a good quality pork sausage should contain not less than 65% of meat.

TABLE VIII (Contd.)—ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1938, IN CASES OF UNSATISFACTORY SAMPLES, 1957.

Sample No.	Article	Report of Analyst	Action taken
303	Steak pie (so called)	Contained 31% of ham	This sample was submitted by an aggrieved housewife who had asked for a 'steak pie'. She had, however, handed to the vendor a shopping list containing the words 'two meat pies'. The complainant was advised that further official action would be inappropriate.
314	Potted meat	Contained 9.6% of extraneous starchy matter	This was a home-made ham and beef mixture newly introduced by a reputable Bourne trader. She admitted using a small quantity of bread 'more to clean the mincing machine than to increase the bulk' but was willing to discontinue this practice. In these circumstances, no further action was taken.
315	Cream cheese	Contained 44.25% of milk-fat instead of the 52% proposed by the Association of Public Analysts	In the absence of any statutory guidance, cream cheeses vary widely in composition. In this instance, the maker was interviewed and advised about labelling. He was also informed of the analyst's views.
325	Stewed steak (tinned)	Contained 91% of beef instead of the 95% claimed on the label	This was a canned product imported from Australia and sold by a reputable South Kesteven multiple store. In view of the comparative small meat deficiency, no action was taken.
349	Mixed peel	Contained 50.8% of total sugars, instead of 60%	The question of the sugar content in cut and drained peel is at present the subject of negotiations between the Food Manufacturers' Federation and the Association of Public Analysts. The vendors, a firm of national repute, were informed of the analyst's opinion.









W. H. MORTON & SONS  
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